	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
- STATE	

W.

1 17	CERTIFICATE OF DEATH	ans. NO.				160
	LAST	2a. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR
3	ERCROMBIE	November 14	, 19	84	2:3	0 %
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 HRS
	Feb. 25, 1893	91 yrs.	.MON1HS	DAYS	HOURS	MIN.
12	1	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

4 RACE White

Female To. BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY

LILLIAN

MARRIED NEVER MARRIED USA WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore City

17a USUAL OCCUPATION 126 KIND OF BUSINESS OR Exec. Secretary INDUSTRY

Roland Park Place Baltimore

Balto.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

15 MOTHER'S MAIDEN NAME

Mary

13e.STREET ADDRESS / ZIP CODE 830 W. 40th St., 21211

Dougherty

14 FATHER'S NAME

10. CITY OR TOWN OF DEATH

MD

REGISTRAR DECEASED NAME

> William Abercrombie

16h SOCIAL SECURITY NO 213 05 6823

Eugenie 17 INFORMANT

John H. Sommerville, Balto., MD

PART I. DEATH WAS CAUSED	y one couse per line far (a), (b), and (c), ) BY. E CAUSE (a)	C	NA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	CU,	CATONO Selenorical	years

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

190 DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
				YES NOL	YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR			
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
214 INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		

22a.1 certify that (1) (this trospital) attended the deceased from saw the deceased alive an

and that in (my) (our opinian death accurred an the date and hour and from the causes stated

17h SIGNABLIRE DEGREE

AT HOME STREET, FACTORY OFFICE FARM, ETC 1

ATTENDING 1 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME LINE OF PRINTS

NOT WHILE

22e ADDRESS Dr. K. A. Peter van Berkum, MD

3925 Beech Ave., Balto., MD NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL	236 DATE	230
Burial	11/17/84	L

\_orraine Park

Balto.

MD

COUNTY

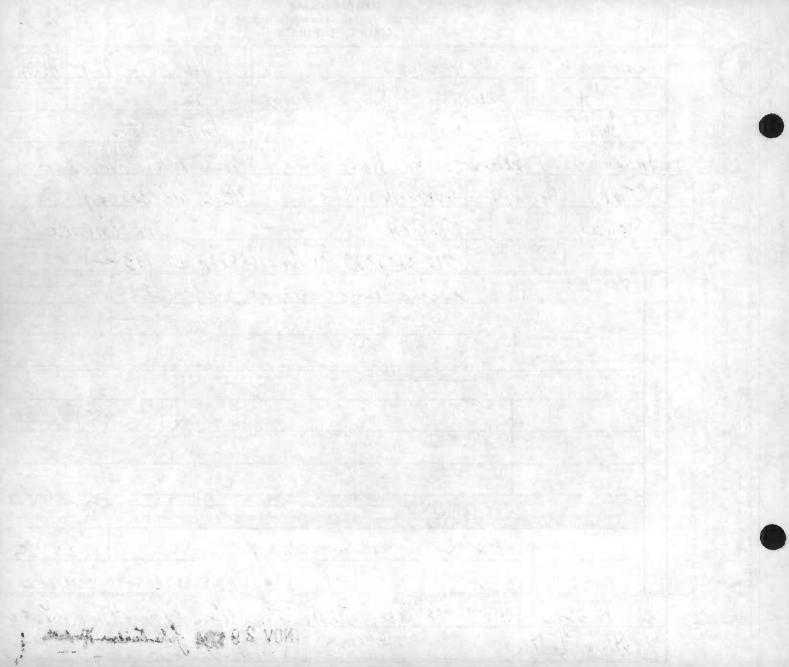
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

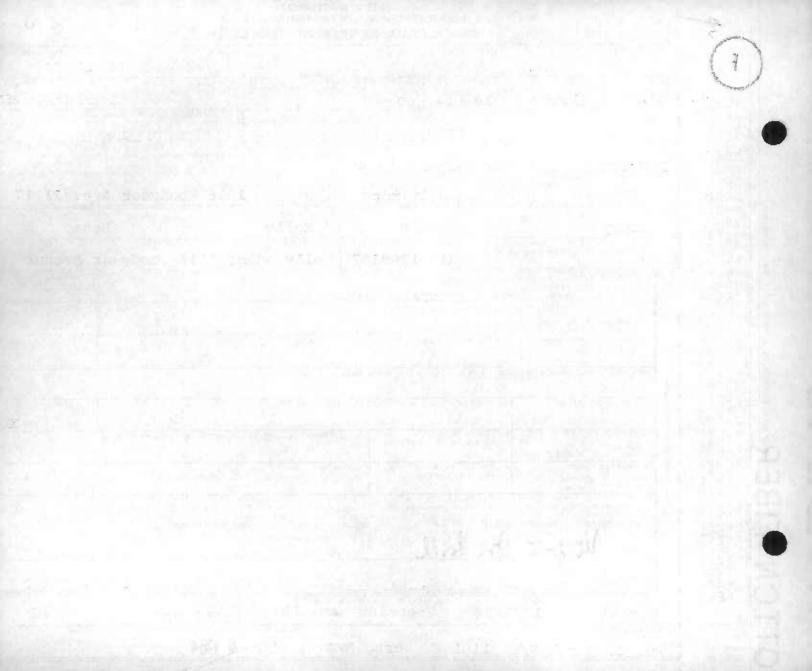
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The Market and the common of the land of

3		1.	STATE REGISTRAR		F HEALTH AND MENTAL HYG TFICATE OF DEATH	REG. NO	- <b>L</b> 7	5 6 4
1	R		CEASED NAME FIRST CHEMPIE N	- Atraham	LAST		75 - 1981	4 4:250 M
1		3 SE			E OF BIRTH  NOTH  LIKE 4- 1402	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
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AND 212	filled in hould be	USU IJa	AL RESIDENCE IN HUMAN SIME ON OTH STATE	I Harksidle	YES NO	130 STREET ADDRESS	rdervay	1929
MARYL	ampletely cond 2 s		John MOO	Junan	15 MOTHER'S MAIDEN NA/	MIDDLE	Sosam	ma.
TIMORE	on and co	16a \	MAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAR		528 Dr Leo. 4	Greban	(132)	)
ST., BAL	g physical on page removal.		18 CAUSE OF DEATH   Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	Aleelo +	yo can lead	e uijar	Clipy BETV	PROXIMATE INTERVAL WEEN ONSET AND DEATH
RESTON	death contending of the carbination, or raumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE O				
01 W. P	that the d by the lease rem ial, cremial, cremial		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE O				
ORDS, 2	requires en signe or to bur y injury, s	TION		ditions <u>contributing to death</u> e				
AL REC	The law cron. e hos be e hos be griene pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU YES	INDINGS USED USES OF DEATH? NO []
4 OF VIT	SICIAN: T ng physici certificate rial-transi ental Hygi ltem 18 sh	AL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YE. P.M. 1		RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAR	T 2)
DIVISION	ottendir ottendir frer this os the bu th ond M.	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	RATTENDING hospitol or out RECTOR: After and for use os tipt: af Heolth or em 21 is marke		220.1 certify that (I) (this hospital) saw the deceosed alive an abave, (I) (we) (did) (did nat) via	11-24-84 19	and that in (my) (our) opinion o	ta 11. 2 death occurred on the do	17	the causes stoted
	OR DIRE Oche Dep		275. SIGNATURE	is la 1		MEDICAL STAF	F	25-35
	FO HOSPITAL etoined by 11 TO FUNERAL should be det with the State MAPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRIM	SLA A		LARD D	P- 4+115 L	AUREL
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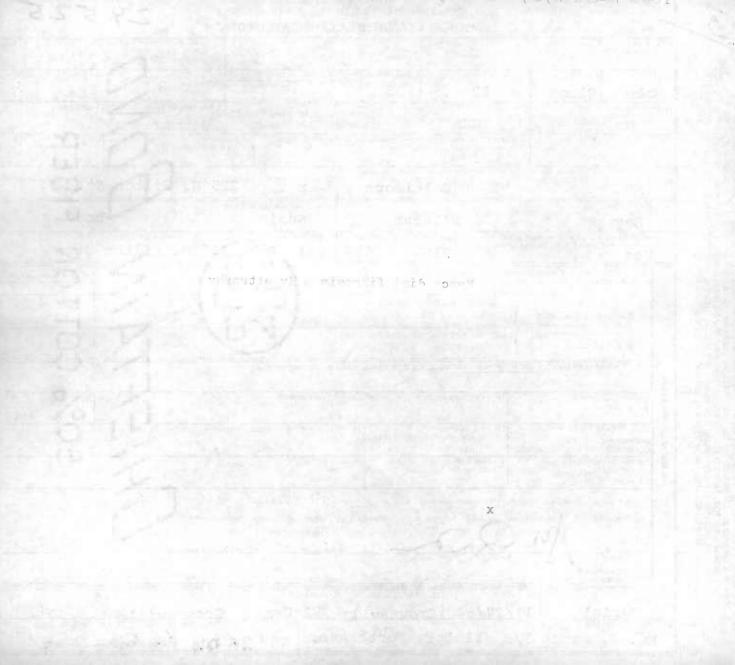


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4	_	Henry	EVED INTO AD	MED FO	D.C.F.C.D.		CIAL SECURI	TV NO	17 INFORM	_		ADI	DRESS	D	gver		
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		214 INJURY O	CCURRED				Y (AT HOME,		CATION								
	3	WHILE AT WORK	NOT WHILE C	3	STREET, FAC	ORY, FARM,	ETC.)		PINEFI		CITY	OR TOWN		coul	MIA		STATE
	1																
		220. I certif	y that I took charg	ge of the	remoins des	cribed ob	ove, held on	Autop	osy L,	Inspection	XX Inq	Juiry .	ond in	n my opi	nion		
		death resulte	d from Notu	rol couse	XXX	Accident	□, s	uicide	, Homici	ide .	Undetermine	ed monner	<u></u>				
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		ACTUAL SIGNATURE_	my -	(1)	Mre.	MI		M	Assis	tant	_MEDICAL E	XAMINER		SIGNED	11/2	9/8	4
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23			ION, REMOVAL			23c.	NAME OF CE	METERY C	R CREMATO	RY	23d. LOCATIO	ON		COUNT	TV		
	E	Surial		12/3	3/84	]	Eastv:	iew 1	Mem.	Pk.	Balt	imor	е	COUNT		N.	D
2		NERAL DIREC	TOR		1.54		AL VALUE		[2		C'D. BY REGIS	STRAR 25b.	REGISTR	RAR'S SI	GNATURE	E	
		NAME C	March	F/H	11 (	)1 E	. Nor	th A	ve.	DEC	4 10	84 Ju	na Da	Mdson	n-Hand	والمركاف	
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. . 8.0 . Marketta Commission . The Commission of the Co PARTHURNING SE THEDEVIL HEST 4 DAGS RETERENTIAL OF THEM CONSTRUM X MUSICIFIE 116/26 SUMBERS WALLASTIE BON IN FATTERING IN SALE Mach the Hudding Ha 11/6/64

	3	1	FOR STATE	220 12/2			MENT OF H				25	- Land	29	52	.5
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	WITH THE PERSON OF THE PERSON	7a BII	RTHPLACE (ST REIGN COUNTRY) MD		76 CITIZEN OF WI	HAT COUN	VTRY?		_	EVER MARK	RIED X	BALTIMORE	city or cou	INTY OF DEATH	
	THE FL AGE 5 FILED,		or town of		11. NAME OF HOS (IF NOT IN SUCH FA	PITAL, NU	JRSING HOME,				12a. USUA		ON (TYPE OF WOR	-	
21201	ANY DELA AND 3 TO RETAIN P. COULD BE		L RESIDENCE		OR OTHER INSTITUTION, GI	VE RESIDENCE			13d INSIDE	CITY LIMITS?	130 22	5 S. F	Hilton	St. 2	1229
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BALTIMORE,	SES ON SES		VAS DECEASED ES, NO, OR UNKNO Yes	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY		17 INFOR		obo 2		Hilto	n St.	
	FEM 18 ONG PERMIT SIENE,		18. CAUSE OF PART I DE	ATH WAS CAUSE	TE CAUSE (a)	yocar	dial fi		is &	Нуреі	troph	y		APPROXIM BETWEEN O	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ER AN		gave ris	s, if any, which to immediate stating the under-	(b)		NSEQUENCE O								
ORDS, 20	WA A B CAN	Z	PART 2 OTHER SIG	ENIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMIN	IAL DISEASE	OR CONDITIE	ON GIVEN IN P	PART 1 a.				
ITAL REC	Uロテラスポ /	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERA	TION W	AS PERFO	RMED?			18	20. AUTOP	
ONOFV	ICATE WITHE WOULD BOULD BRITHEN		UNDERLYING	OR CAUSE OF		. MONTH	DAY YEAR	21c HC	OW INJUR	Y OCCURR	RED LENTER NA	TURE OF INJURY IF	NITEM 18 PART 1 O	R PART 2)	
DIVIS	WRITING WRITING ARDED AGE 3 SH ATE DEP/	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE (	21e PLACE STREET, FAC	OF INJURY			CATION TREET			CITY OR FOWN		COUNTY	STATE
	MUNER: T HEICATE, BE FORW ECTOR: P TH THE ST YLAND, 2			y that I took char	ge of the remains de	cribed ab		Autop		Inspection		Inquiry	and in my	r opinion	
•	CAL EXA THE CERI SHOULD ATH, WIT RE, MAR	1	ACTUAL SIGNATURE_	M	S.	Pa	_	м		specify) i.stan	t_MEDIC	CAL EXAMINE	R SIG	TE 11-2	23-84
	TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING 3 PAGE 4 SHOULD BE FORWARDED TO TO FUNEAL DIRECTOR: PGGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIO	23a RI	EXAMINER'S (TYPE OR PRIN	NAME Ann	M. Dixon,		NAME OF CEM		ADDRESS_		Penn 123d LOC			Md. 212	
07/84 25M	BP 10 7	(5	Buri JNERAL DIREC	al	11/27/8	4 C	rownsy	111	e VA	Cem	CITY OF	NWOTS		'S SIGNATURE	MD STATE
	DHMH - 17 (VR A15 ME (5))	1	vm. C.	March	F/H ATT	01 E	. Nort	h A	ye,	NOV		DOA #	whia David		60



Leonard J Ruck Inc.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(VRA 15, 4)

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Locard J. Lude, Lad. | Mailtings, Margaret | 1979 8 7 250 | Luis

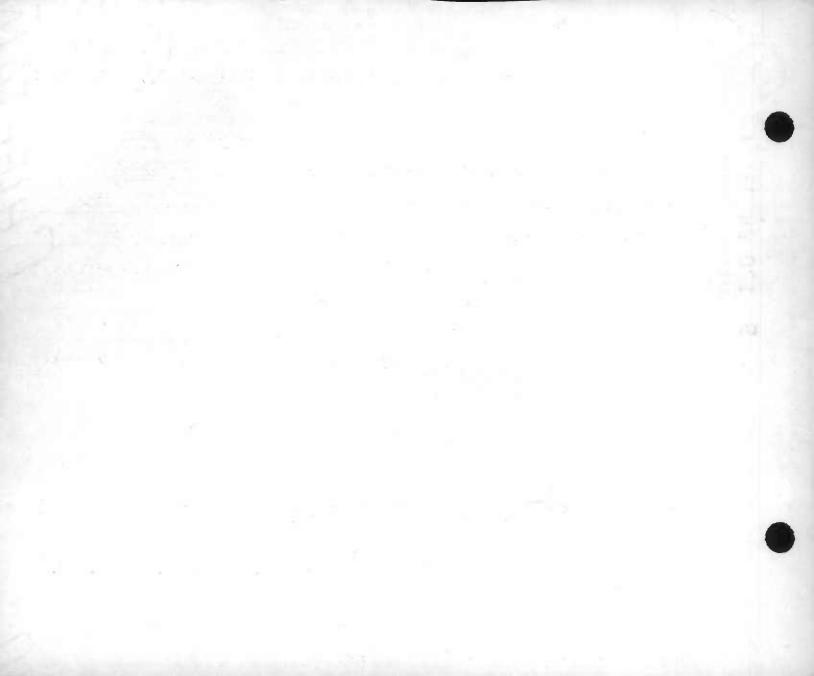
	1.	FOR STATE			DEP	ARTMENT OF	TE OF MARYL HEALTH AND	MENTAL HY	GIENE 8 4		2 9	20	2 8
,0	1	REGISTRAR				CERT	FICATE OF	DEATH	R	EG. NO.			
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m be	3. SE		4. R	ACE			OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER		UNDER 24 HRS
nge 4	1	W			44C	. 09		1919	. 65		RS.		OURS MIN.
4 5 6 G		RTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUN	NTRY? 8.	ED NEVER	MARRIED -	9. BALTIMORE C	ITY <u>OR</u> COU	NTY OF DE	ATH	
deo de		Maryland, I		U.S.A		WIDO		NORCED		imore			MD.
offer of with		TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INS	NOITUTIT	170. USUAL OCC	MOST OF WORKI	NG.LIFE) IND	USTRY	USINESS OR
2 2 2		Baltimore	IC HOME OF OTHE	Franc:	12 9CO	tt Key			Retir	ец			n Stain Company
ING PHYSICIAN: The law requires that the death certificate be executed minror in restanding physician.  When this certificate has been signed by the attending physician and computer this certificate has been signed by the attending physician and computer this certificate has been signed by the attending physician and computer the order to be so the burial-transit permit. Then please remove carbon papers. Pages I am notifie the and Mental Hygiene prior to burial, cremation, ar removal.  On them 18 shows any injury, ar after traumatic event, the medical examiner must be represented at them 18 shows any injury, are after traumatic event.		AL RESIDENCE (IF NURSING STATE	Balti			TOWN	13d. INSIDE	NO 🔀	13. STREET ADD 814 S. 5				Lompany
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AR AR	1	FIRST	MIDD	)LE	LAS		***	FIRST	MI	DDLE		LAST	
M. De mo o m		James	-			resik		ances		•		7	
dico and dico		VAS DECEASED EVER I	U.S. ARMED		166 SOCIAL	SECURITY NO	17. INFORM	ANT		ADDRESS	814	s. 50	th Stree
IMOR n and Page		ves	WW I		214-0	1-6287	Mrs.	Doroth	M. Ande	rson -	Balt	imore	. Md 21
ALT ALT		18. CAUSE OF DEATH	Enter anly a	ne cause ner	line far (a) (	h) and (e)						APPROXIMA	E INTERVAL ET AND DEATH
fico shys pap nove		PART I. DEATH WA	S CAUSED BY	Y:	Con		Arres				D	ELWEEN ONS	ET AND DEATH
ST.			MMEDIATE CA	AUSE (a)	- 0-1	rectue	Mades						
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motion tro		gave rise to imm	ediate	(0)		,							
W. the contract th	-	cause (a), stating underlying cause	last.	DUE TO, OF	AS A CONS	SEQUENCE OF							
tho d b d b iol,	- 11		(	(c)									
gne np np ny,	_	PART 2. OTHER SIGN	FICANT CON	DITIONS <u>CC</u>	NTRIBUTING	G TO DEATH B	IT NOT RELATE	TO THE TERM	AINAL DISEASE OF	CONDITION	GIVEN IN F	PART Ita	
RDs n sign	CERTIFICATION	55 65 77											
S y see	AT	19a. DATE OF OPERAT	ON	19b. CONDI	TION FOR W	HICH OPERAT	ON WAS PERFO	DRMED	200 AUTOPSY	? 206. 1	F YES, WERE	FINDING	SUSED
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PHYSICIAN: PHYSICIAN: ending phys this certifica the buriol-traca ad Mental Hy d or Item 18	MEDICAL	21d. INJURY OCCURRI	:D	21e. PLACE	OF INJURY		211. LOCATI	ON			-	UNTY	
/ISI	Ž	WHILE NOT WHI	E []	( AT HOME, STR	EET, FACTORY, O	OFFICE, FARM, ETC )	STREE		CII	TY OR TOWN	600	UNIY	STATE
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print point of for 12		saw the deceased abave (1) (we) (di	d) (did nat) vic			_19	and that in my	(aur) apinian	death accurred an	the date and	haur and fr	am the cau	ses stated
R ATTE hospit RRECTC hed for ept. of fem 21		226. SIGNATURE	1		1		DEGREE				22	. DATE SIC	NED
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DHMH - 16 50M 4/83

Wm. C. March F/H (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

Baltimore

MDTATE

230 BURIAL, CREMATION REMOVAL
(SPECIFY)
Burial
24 FUNERAL DIRECTOR 1101 E. North Ave.

236 DATE

North Ave. Pk Baltimore MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 9 1984

THE CO. ...... 

		FOR	STATE OF MARYLAND	50 MIN 19
5	1.	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	2 0 2
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0 0 0		778 SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF	24. DATE SIGNED
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(VRA 15, 4)

C. March F/H

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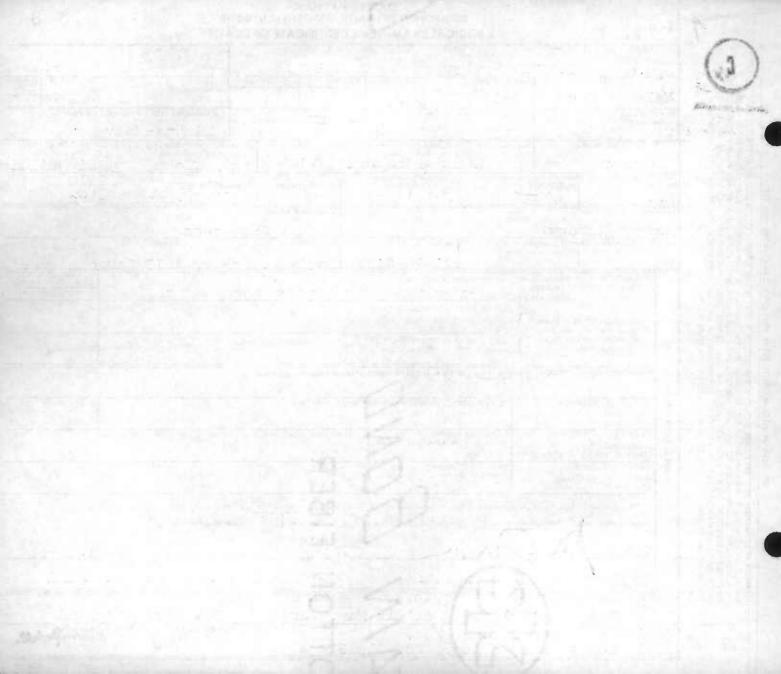
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

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	220. I certification death results  ACTUAL SIGNATURE	,	ral causes ,	Accident		TITLE	Inspection imicide , , , , , , , , , , , , , , , , , , ,	Undetermined mo	inner ,	DATE	11-7-8	34
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	Buria Buria FUNERAL DIREC	TION, REMOVAL 2	11/9/84		astvie		Pk.	23d. LOCATION CITY OF TOWN Baltin REC'D. BY REGISTRA	nore	COUNTY	M	Ď
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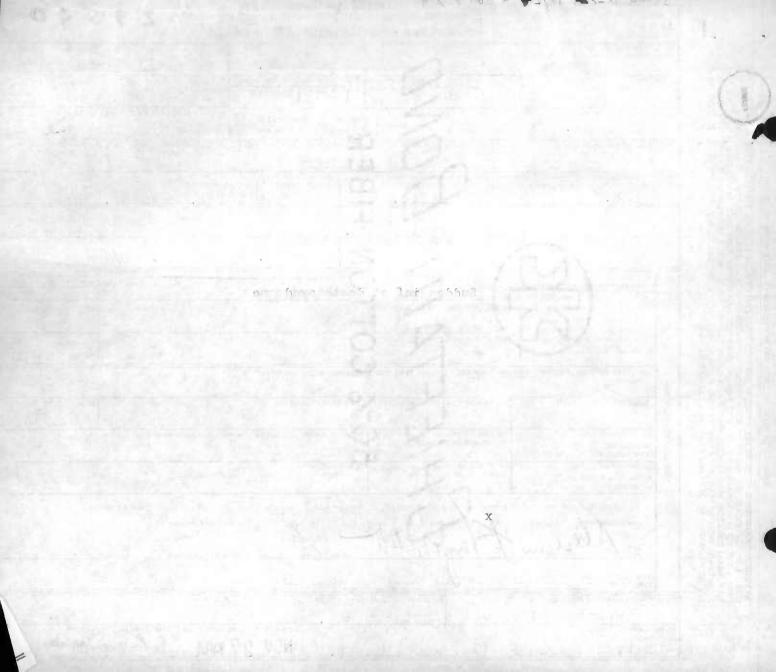
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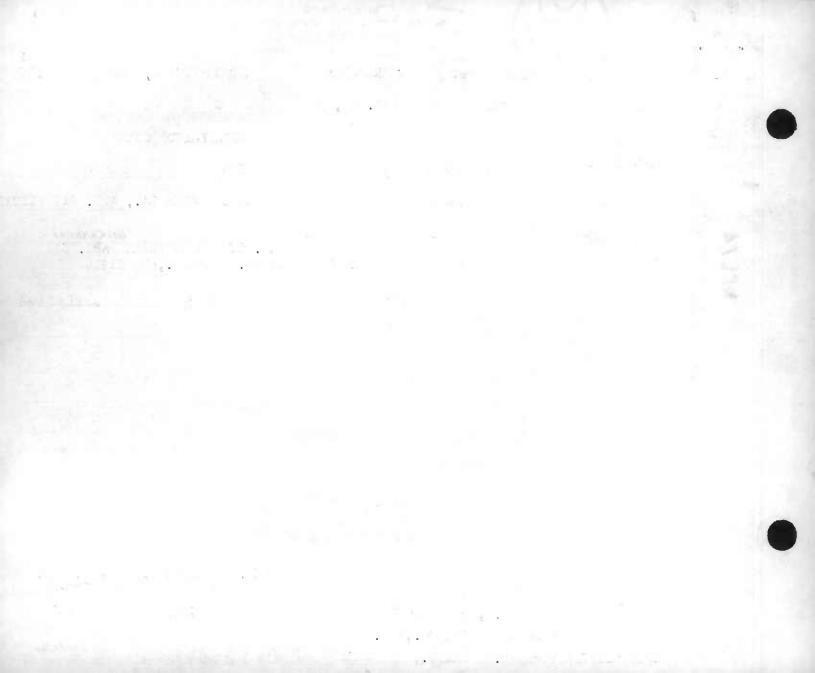
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T. BALTIA	Historie Sie	physician popen P moval
PRESTON S	he death cert	emove corbon motion, or re
5. 201 W.	wires that it	en please re burial, cre
AL RECORD	he low req	torms the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSICIANI T anding physici	the certificate the burial-transition of Merical Hygin
NIG	ATTENDING	CTOR After d for use or 1
•	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page settined by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate day been signed by the attending physician and completely filled in by the funeral directs should be detected for use on the brind-front permit. This please embre articologophic Poges I and 2 should be filled with the State Dept. of Health and Mental Program place to burial, computer, or embood.
	BP.	

10	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO. 2	9001
10000		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 . 34		DOROTHY	MK	ASHLEY	11/2	2/84/132 M
1 ( ital	1. SE)	EFIMALE!	CAUCHSION	S. DATE OF BIRTH MONTH DAY YEAR		IF UNDER TYEAR IF UNDER 24 HRS
1 1 1	rii. Bi	RTHPLACE (STATE OR FOREIGN	b. CITIZEN OF WHAT COUNTRY?	3 23 15	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 1225	В	altimore, Md.	ush	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	- MD.
1 1 2	10 0	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION  (1395) OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
100	PI	ALTMORE I	SINAL HOSPIT	E ADMISSION)	1746121	IREMREM
1 18	N	TARYLAND BI		YES NO YES NO	22 Summerfield	Road, 21207
1 16 02	ME.	THER'S NAME	AIDDLE C A LAST	15 MOTHER'S MAIDEN N	. MIDDLE	IAST
1 11/120	lán V	VAS DECEASED EVER IN U.S. ARA	AFD FORCES? THE SOCIAL SECT	JRITY NO. 17 INFORMANT	MYCH	30WMAN
Pope de			215-03 =	-8236 ELLEN B	LACKBURN (DA	ustree)
ficate popen soval ent. th		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), ar	MUCCARDIAL	THEAMOTIMAL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the period of		IMMEDIATI	DUE TO, OR AS A CONSEQU		INFIRCTION	THE CONTRACTOR
death offers offers rounts		Canditians, if any, which gave rise to immediate	( 1b) CORON	ARY HETERY	DISTAGE	
d care the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
signed her ols to burie	N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART IIa
1 1 1 17	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
28 25 6	ERTIF	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. HOW INTURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P.	NO [
74 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24.0	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR	TREED (ENTER NATURE OF INJURY IN HEM 18 P.	ART FOR PART 2)
A M P	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
0 4 9 4 9 4 9 4 9 4 9 4 9 4 9 4 9 4 9 4	2	AT HORE NOT WHILE	(AT NOME STREET, TACTOR), OFFICE		1-1/2	13 A
O S S S S S S S S S S S S S S S S S S S	130	22a. I certify that (I) (this haspit saw the deceased alive an	al) attended the deceased fram	W. 40-1	in death occurred on the date and have	19_6, that (I) (we) last
A A A A A A A A A A A A A A A A A A A	18	abave, (1) (we) (did) (did not SIGNATURE	view the body after death	DEGREE		22c. DATE SIGNED
A the state of the		David W I	upplon.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
HOSPI Coned by PORTA		HYSICIAN'S NAME (TYPROS	EISGERBER	mn SINAT H	OSPITAL BAL	TIMBLE MY
51 5613	23a E	SURIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial			cery Woodlawn, Balt	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	8728 Liberty	ers Funeral Dire	ectors Inc Dwn,Md. 21133	NOV 5 1984	Davidson-Randalle

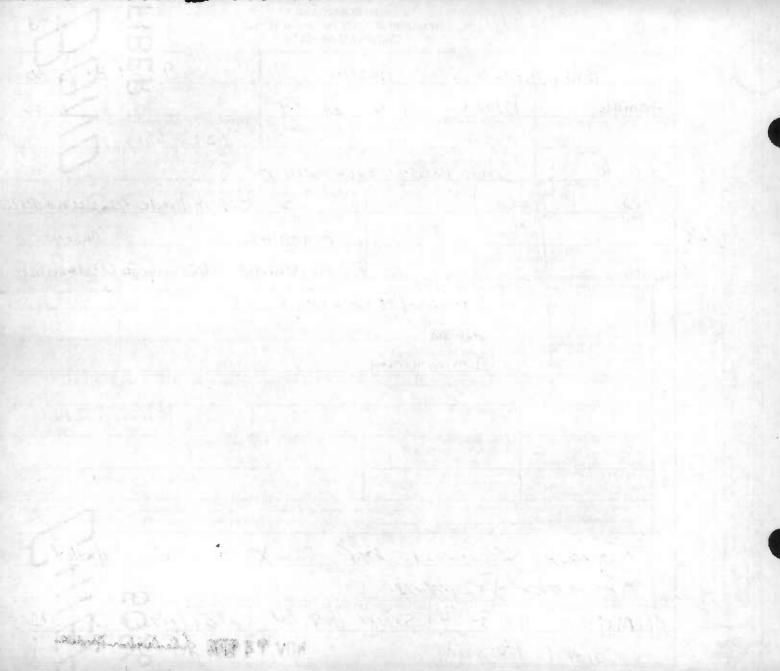
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				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		9 5 4 3
1	1.00		WIDDLE		REG. NO.	
1		CEASED NAME FIRST	MIDDLE	A 1 -	2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
A1		BADY	airL	Hustin	7 .	24 84 1530M
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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事		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	V2 8	9. BALTIMORE CITY OR COUNT	
TEL TO	as a	COUNTRY)		MARRIED NEVER MARRIED	0001000	
1100	1	m	USA	WIDOWED DIVORCED	1 50 Cto (1)	MD.
The f	10.0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR LIFE) INDUSTRY
A P	7	palto.		ital BALto. mdz 1215		
e a	13a	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		STREET ADDRESS / ZIP COL	DE
1	3	MD	Alto	YES NO D	3506 million le	301 BN + NV 171
The second	14. F	ATHER'S NAME	31,7 = 10 1	15. MOTHER'S MAIDEN N	AME	THE DATE THE TELE
D d let	-	FIR5T	MIDDLE	FIRST	MIDDLE	LAST
E C	1			marga		Austin.
5 sages dicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
Po d		No		Kinda Henr	NUP BOJOHNYC	Ate RelBALLO ANCION
g S - C		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physici on pape removal.		PARTI. DEATH WAS CAUS	ED BY:	1/1200 - 1 - 1	COST	BETWEEN ONSET AND DEATH
00 0 0		IMMEDIA	ATE CAUSE (a) CONTINE	STUCS PLEDEN A	150.	
Daoa			DUE TO, OR AS A CONSEC	DUENCE OF		
the attendin remove carb emotion, or er troumatic		Canditions, if any, which	( 16) ASPANIA	•		
er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	LIENCE OF		
l, crem other		underlying cause lost.	1 Immat	. 1		
Urio 7, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	IVEN IN PART LIG
to bu	Z				Market Disease on Companion o	TET PT PART TO
0 17	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20s AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
D B	1 2	THE DATE OF OFERATION	THE CONDITION TOR WITH	ENOTERATION WAS TENIORMED	IN CERT	IFYING CAUSES OF DEATH?
0 0	1 2					res NO
and Mental Hyg	7 8	210. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM IB	PART 1 OR PART 2)
Item 18 s	¥	OR CONTRIBUTING CAUSE OF DE	NIN.	19		
and Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
morked or	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
n ork						
Health is mark			pital) attended the deceased fram		, to	, 19, that (1) (we) last
2 0 6		saw the deceased olive a abave, (1) (we) (did) (did n	n19 at) view the bady after death.	, and that in (my) (our) apinian	death occurred on the date and ha	iui and fram the causes stoted
Dept.		226. SIGNATURE	11	DEGREE		22c. DATE SIGNED
te Do		X BULL	1 Aluitan	ATTENDING		9/24/84
S Z-+	+	22d, PHYSICIAN'S NAME (TYPE	OR PROVIDE	PHYSICIAN PHYSICIAN	DIRECTOR   PHYSICIAN	11/5/110/
the RT		a -	7 (-) =	1 A		
with the State L		MATHERE	EN OFENER	'A'		
> <1	23a	BURIAL, CREMATION REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	1
-	11	Kramating	111-3-84	SINAL HOSPITAL	Rattimo	re 17 2/2/5
	24 F	UNERAL DIRECTOR -	(/ =,		TE REC'D BY REGISTE RIZSE DEGIS	TRAR'S CNAUS
50M 4/B3		NAME SINGL	HO SPITA DRESS		The state of the state of	How Hornes
', "1		)/1401	(1-01010	1404	- 1 MOUTE //	* * * * * * * * * * * * * * * * * * * *



STATE

. DECEASED NAME

(TYPE OR PRINT)

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

FIRST

21223 Ophelia Gibbs 3034 Edmondson Ave. Arteriosclerotic Cardiovascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE .19 84 , and that in (%) (aur) apinion death occurred on the date and haur and from the causes stated 22s. DAJE SIGNED C/O Maryland General Hospital Burial COUNTY MD Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wm. C. March F/H 1101 E. North Ave. what Deviden

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

CERTIFICATE OF DEATH

LAST

REG. NO

20, 1984

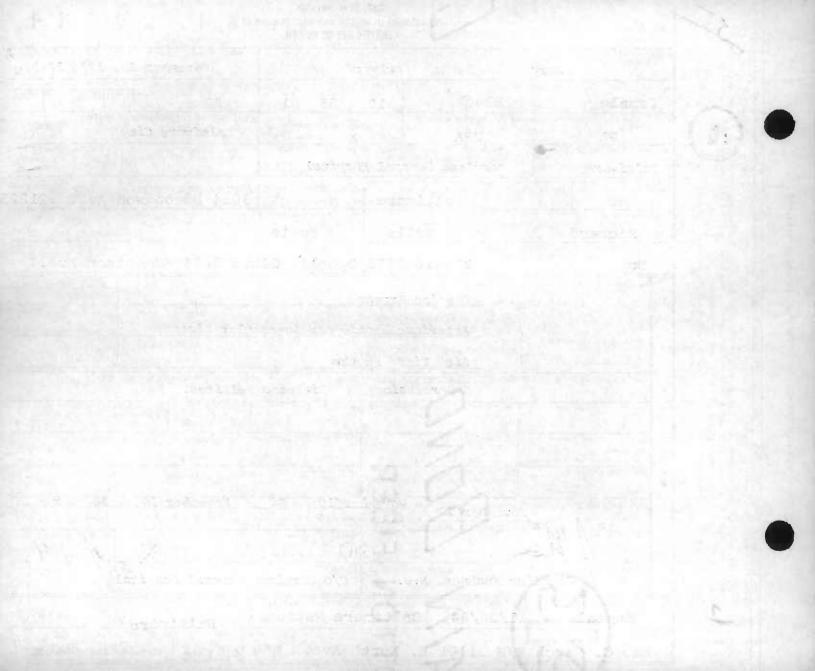
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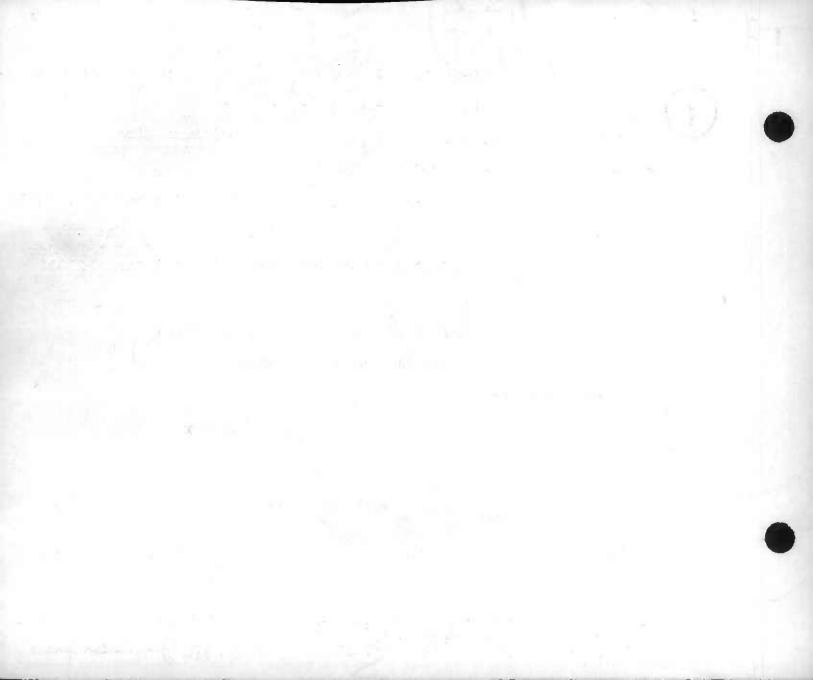
IF UNDER 24 HRS

126 KIND OF BUSINESS OR

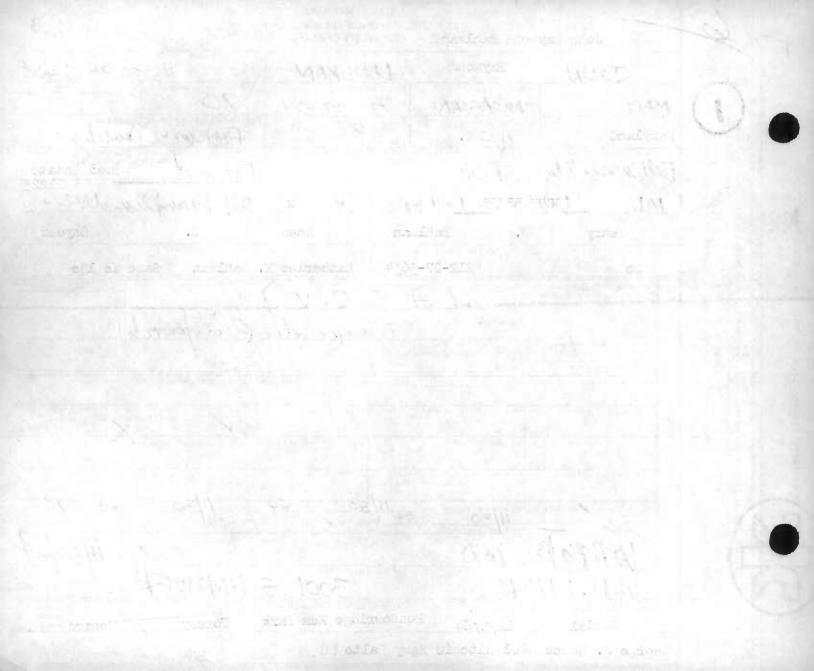
2a DATE OF DEATH MONTH



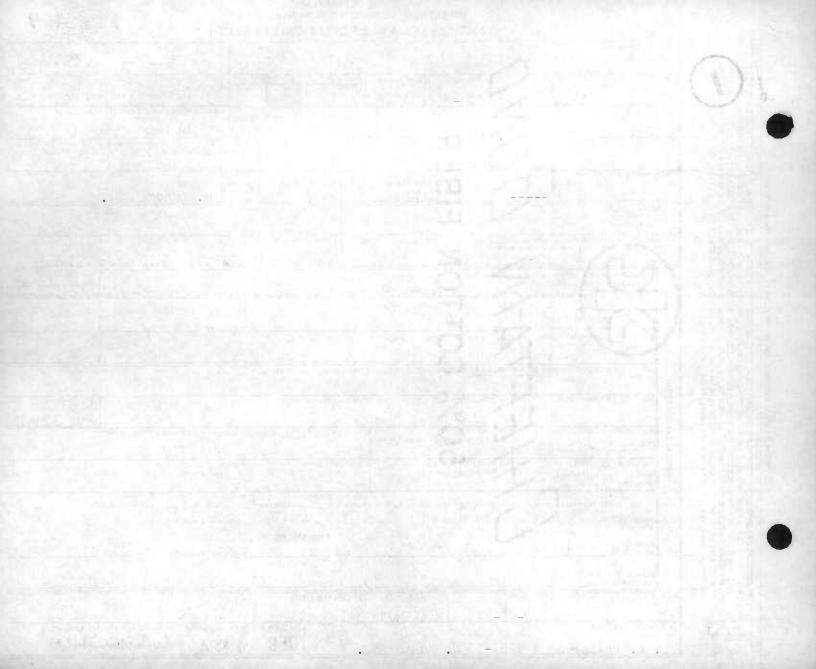
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11.	FOR STATE			DEPARTMENT OF				9	Ö	5 1	9
1	REGISTRAR		ME	DICAL EXAMIN	NER'S CERTI	FICATE OF	DEATH	REG. NO.	-	9 11	
	CEASED NAME			WIDDLE	LAST	/	20. DATE P	NOWN D	MONTH	DAY YEAR	2b HOUR
		Ella			Bailey	7	DEATH			29 1984	M
. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YI			4 HRS. 2c. DATE		MONTH	DAY YEAR	2d HOUR
FE	MALE	BLACK	121 -27		RS.	3 HOURS /	DEAD		11 2	29 1984	9:14A
	RTHPLACE (ST.	ATE OR	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIM	ORE CITY OR	COUNTY	OF DEATH	CITIZE T
V	IRGINIA		USA		WIDOWED X	DIVORCED	DULL	imore	City	У	MD.
10. C	ITY OR TOWN (	OF DEATH		SPITAL, NURSING HOM	E, OR OTHER INST	TITUTION	FOR MOST OF WORK	ATION (TYPE O	OF WORK 12	26 KIND OF BU OR INDUST	
	Baltin			W. Lanvale			HOUSE	WIFE			MCCOO.
JSU 13a S	AL RESIDENCE ( TATE	13b COUNT		NE RESIDENCE BEFORE ADMISS		DE CITY LIMITS?	3e. STREET ADDRES	SS	á	2121	6
	RYLAND	4-		BALTIMOR	F YES	NO D	2871 W.	Lanvalo	e St.		
14. F	ATHER'S NAME		MIDDLE	LAST	15. MO	THER'S MAIDEN	NAME	DDLE		LAST	
11	HARRY	EVER DATE		SAMPLE		MAGGIE H	IACK				
(	ES, NO, OR UNKNO	EVER IN U.S. ARA		166 SOCIAL SECURI		ORMANT		ADDRESS			
	NO	1	-		<u>EMI</u>	ERSON BA	ILEY 280	8 GATE	HOUSE		
	18 CAUSE OF	ATH WAS CAUSED	RY.	e far (a), (b), and (c).)						APPROXIMATI	T AND DEATH
		IMMEDIAT	E CAUSE (0) Art	eriosclero		ovascula	ar diseas	e			
100	Condition	s, if ony, which	DUE TO, OR	AS A CONSEQUENCE	OF						
1	gove rise	e to immediate	(b)	445						E	9-1-50
	lying cous	stating the <u>under-</u> e last.	DUE TO, OR	AS A CONSEQUENCE	OF						
			(c)								
z	PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	WINAL DISEASE OR COND	ITION GIVEN IN PART	1 (0)				
TIO	19a, DATE OF	OPERATION	TISK CONDI	TION FOR WHICH OPE	PATION WAS PEDE	OPMED2				20 AUTOPSY	2
FIC			112 CONDI	TION TO MINISTROPE	WASTERN	OKINED:					
CERTIFICATION	21a. EXTERNA	CAUSE WAS	21b. TIME OI	FINJURY	21c HOW IN II	JRY OCCURRED	(ENTER NATURE OF INJU	IRY IN ITEM IS PAG	RT 1 OR PART	YES [	ио 🕅
	UNDERLYING	OR	HOUR A.N	MONTH DAY YEA	R	OCCORRED		armen ioras	T ONT ART	.,	
MEDICAL	21d INTURY O	G CAUSE OF D		OF INJURY (AT HOME,	21f. LOCATION						
ME	WHILE AT WORK	NOT WHILE		TORY, FARM, ETC.)	STREET		CITY OR TOW	N	COUNT	YT	STATE
										1-	
			e of the remains des	scribed above, held an	Autopsy	Inspection	Inquiry	XXX ond	in my opin	ion	
	death resulte	d from: Nature	al causes XX	Accident , S			Undetermined mar	nner,			
	ACTUAL	MA	a it a	h 0 yhr 00		E (SPECIFY)			DATE		
TO.	SIGNATURE_	- WW	ma 1	1 de	M.D. AS	sistant	_MEDICAL EXAM	NER	SIGNED.	11/29/	84
	EXAMINER'S N	Marc	garita A.	Korell, M.	D. ADDRES	, ]11	l PennStr	eet.Ba	1to.N	4D 2120	1
23a. B	URIAL CREMAT	ION, REMOVAL 23			METERY OR CREM.		23d. LOCATION CITY OR TOWN				
	RIAL	1	12-03-84	BAITTHOR	E NATION	AL	BALTIMO	RE	COUNTY	MARYLA	ND
24 F	UNERAL DIRECT	OR	ADDRESS			25a. DATE RE	C'D. BY REGISTRAF	256 REGIST	RAR'S SIG		
I		TIITDC		M Mantan	C+	DEC	A 100A	Turia Da	vidron	-Rando 00	4 54



2501 Gwynns Falls Parkway

Funeral Home Inc. Baltimore, Maryland 21216

- STATE

REGISTRAR

24 FNutatemcorsons

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

STATE

Baltimore, Maryland

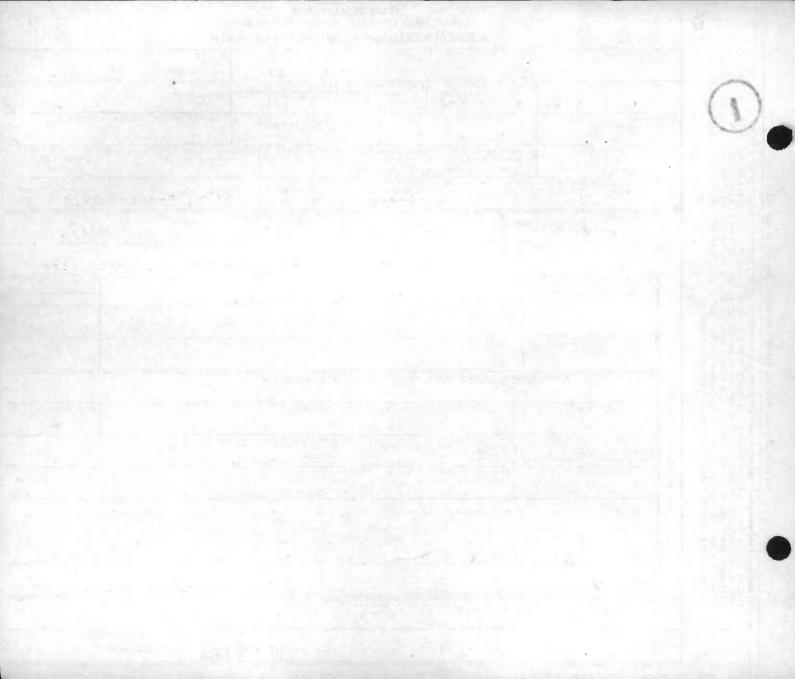
25a DATE REC'D. BY REGISTRAR

.1. 55 .1. # It is continued to (., t:rc PICIT . TO DEST 8 - 1 Id ton Joinson Leading VB2 M. Grantley Street Eurial 11/09/100 cecar Hill Interty Beltitore. Maryland Nutter 7 Sons 201 Gynns Fills Fortery meral Hore inc. Heltimore, Maryland 21216

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 20. DATE OF DEATH MONTH FIRST (TYPE OR PRINT) THEODORE NOVEMBER 9 1984 BATLEY IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY CaEDRG-IA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL phopen USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMANO 787 ALEMEDA B 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1=UING TOWN Ship TREA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GAT STANIMWOOGGA Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse YUCARDIM FWAUCARDIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 70000 T NON YES [ NO F 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET WHILE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive an ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE CITY OR TOWN 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 SEORGE W TITLE JARRETTSUILE (VRA 15, 4)

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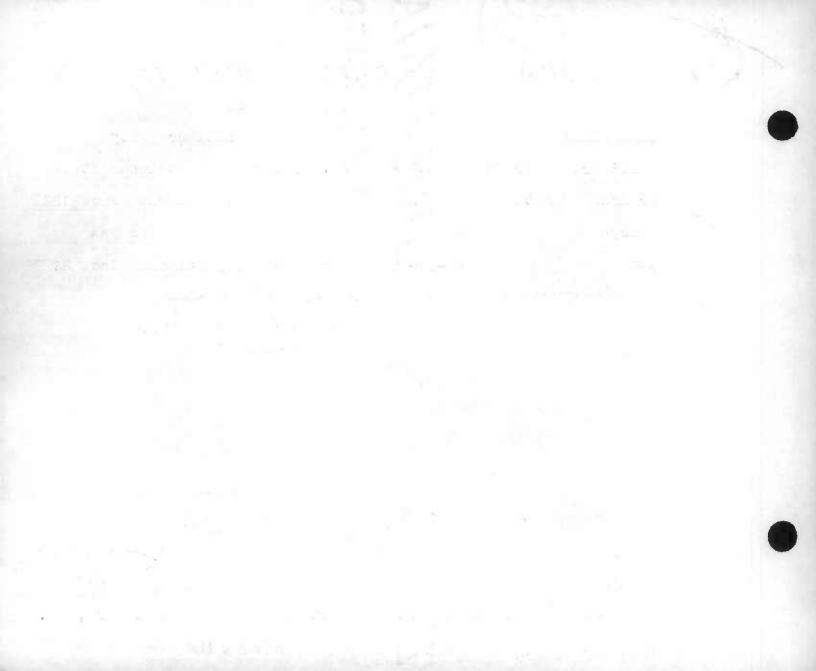
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAN REG. NO 20. DATE KNOWN A MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-19 84 DEATH MATED CHARLES BAKER TTT 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 9 1984 DEAD 2 1942 42 male black 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) N.C. S DIVORCED Baltimore City 2, AND 3 TO THE B. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, 2011 ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital 21202 1028 E. Pratt Street 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Baker, Jr Hattie Whitaker Charles 17 INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 214-40-8367 No Genice Baker 1028 E. Pratt Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Stab wounds of neck and abdomen DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) ED AS A I CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOURSAND MONTH DAY YEAR UNDERLYING TOR 4:50 M 11-9-19 84 CONTRIBUTING CAUSE OF DEATH Subject stabbed. 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNEXAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYIAND, 21201 P STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK AT WORK street 6 N. Exeter St., Balto. Md. 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide X Undetermined manner Natural causes TITLE (SPECIFY) DATE SIGNED 11-10-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NA Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 11/ 23c NAME OF CEMETERY OR CREMATORY Baltimore Cemetery STATE 11/14/84 Baltimore Md BP 24. FUNERAL DIRECTOR 250. DATE REC'D-8Y REGISTRA Julia Duydson-Rando Ne **DHMH - 17** William C. March F/H 1101 E. North Ave (VR A15 ME (5)) 20M 4/82



~	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	2	9 5	5 3						
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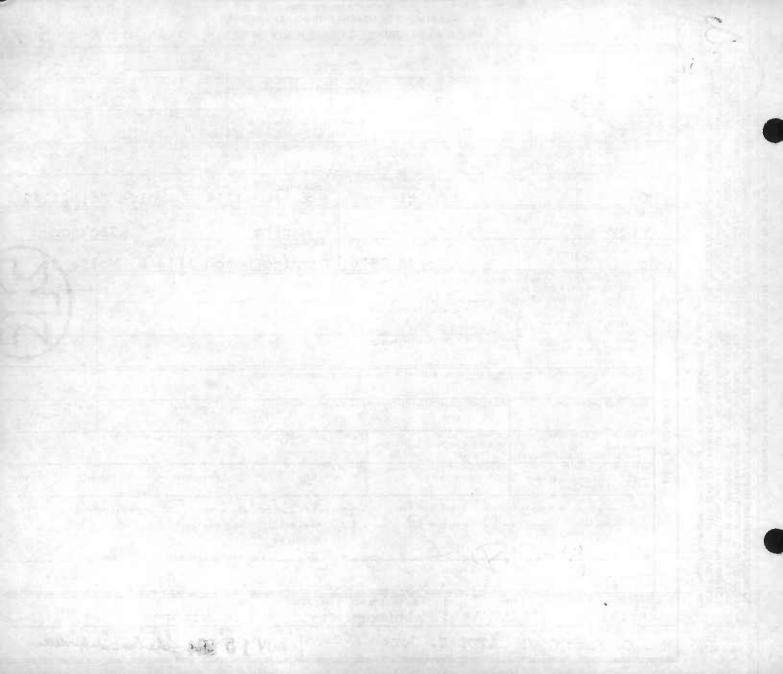
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI-SECTOR STREET OF THES.

SECON YOUR FILES.

SO WITHIN 72 HOURS

WE PRESTON STREET, ELMER 17 1984 LEWIS BALDERSON DEATH MATED SX 4. RACE 3:20 P M 5 DATE OF BIRTH AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED MALE WHITE 12 10 18 06 77 DEAD 1984 Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! Maryland U.S.A. Baltimore City WIDOWED DIVORCED N PAGE 5' BE FILED, V DS, 201W 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS B PRIMMSTor Freights Baltimore 814 Unetta Ave. Salesman USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS BALTIMORE, MD. 21201 13m STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY HANTS? 13e STREET ADDRESS Baltimore 814 Unetta Avenue 21229 Maryland YES X NO [ AFT FORM PINGES IN OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST UNKNOWN Effie unknown 14m WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 21239 216-09-6094 Richard G. Melvin 1224 Gittings Ave. NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive and arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [ DEPARTMENT NO X 71n EXTERNAL CAUSE WAS 71b. TIME OF INJURY 2TC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNKEL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry Natural causes Homicide Undetermined manner Suicide L TITLE (SPECIFY) Assistant MEDICAL EXAMINER 11-19-84 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Ann M. Dixon, M.D. Penn St., Balto., Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE Buria1 11/21/84 Loudon Park Cemetery Baltimore 07/84 BP. 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25baREGISTRAR'S SIGNATURE 21229 **DHMH - 17** Julia Davidson-Randell (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave

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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD B ATE DEATH, WITH BALLIMORE, MARY		(TYPE OR PRI	NJ/ AIIII	M. Dixon,				ID O KIE O O	Penn St.	, Baito	., Md.	21201	
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(VR A15 ME (5))	MI	n. C.	March F	11 110.	L 10.	1401 01		NU	13 14	Stoka	Davidson-	Mariane	



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BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

FIRST

DECEASED NAME

A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Chief Assayer -Amer. Smelting 13e.STREET ADDRESS / ZIP CODE 1506 Copeland Road 21228 Kricker 606 Shamrock Road Donnell Balmert Belair, Md. APPROXIMATE INTERVAL Arterosclerotic Cardiovascular Visease CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ILI 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YFS [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING 7 MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 413 Commonwealth Avenue, Baltimore. Md. Burial Md. 11/19/84 New cathedral Cemetery Baltimore Leroy M. & Russell C. Witzke Funeral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228 Cyclia Davidson Randall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

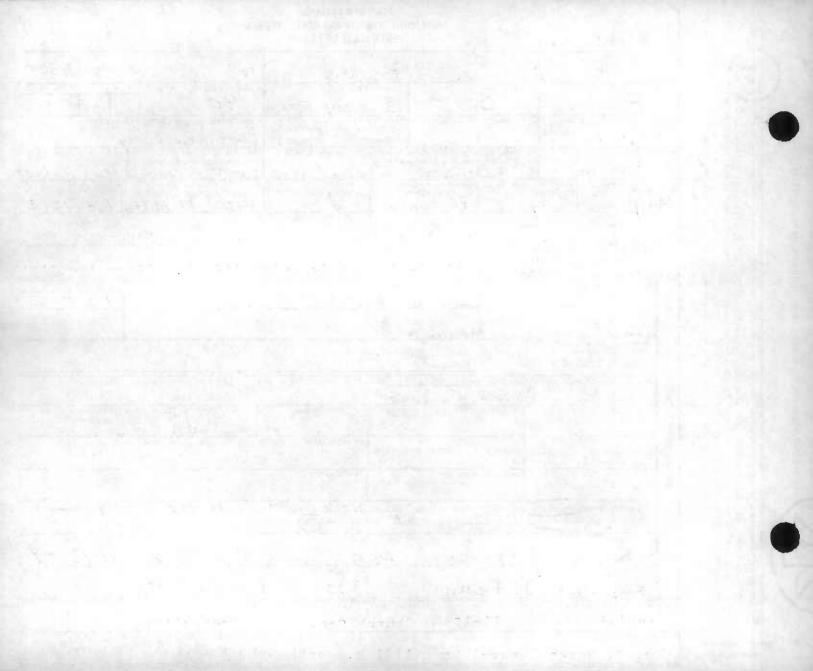
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1984

2b. HOUR

20 DATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS Raches S. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER 1 YEAR IF HINDED 24 MDC TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY S.C. USA WIDOWEDX DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDECITY LIMITS? Boitimor 142.6 NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Andrew Singleton Sussie Legon 60 WAS DECEASED LOCK IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Annie Smith 1426 N. Milton Ave. 21213 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Regulatory Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Meninkiti Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDIC ALEXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STATE STREET NOT WHILE 220.1 certify that this haspital) attended the deceased from\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes sta did not view the body ofter death. DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3000 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Church Cem. Greenvil1; 24 FUNERAL DIRECTOR 250. DATE REC'D. BY-REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 Wm. C. March Funeral Home 1101 E. North No (VRA 15, 4)



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN The low

FOR.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

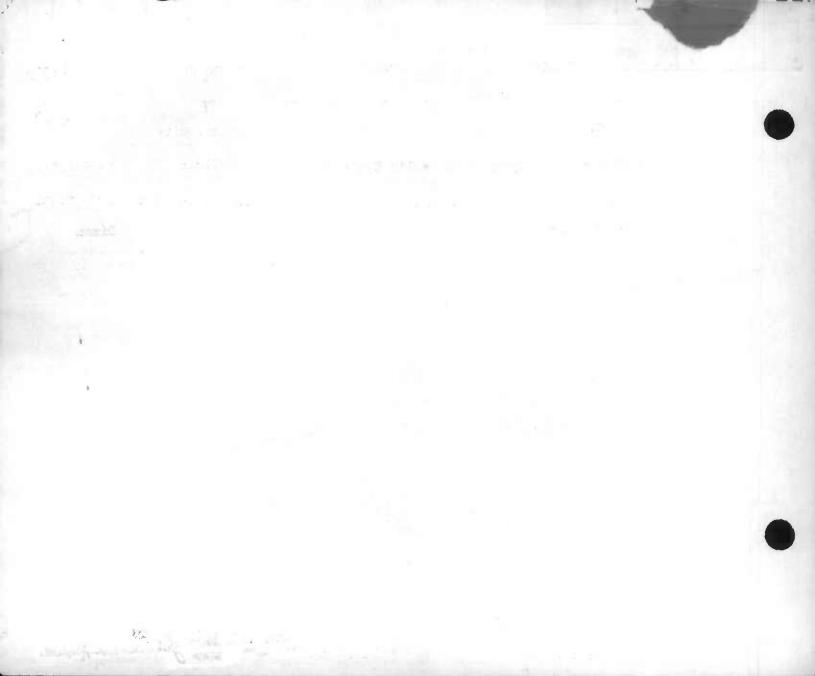
4	REGISTRAR			CEKITI	ICATE OF DEATH	REG. N	0.	
	DECEASED NAME FRS1		AIDDLE	Barb	ee	20. DATE OF DEATH	MONTH DAY YE	26. HOUR 4: 30pm
	Male Male	4. RACE Whit		5. DATE O		6. AGE (IN YEARS LAST BIR	MONTHS I	DAYS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	U.S		WIDOW		Balto. C		MD.
1	Baltimore	Wyman .	Park Heal	th 6	or other institution ystems	(TYPE OF WORK FOR MOST COLLING	ON DF WORKING LIFE) INDUS ME	nd of BUSINESS OR STRY rchant Marine
133	SUAL RESIDENCE (IF NURSING HOME O a. STATE 136 COU		Balto.		134. INSIDE CITY LIMITS?	13e STREET ADDRESS A		21201
	Eugene Barbee	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST  Eva	MIDDLE		kast <b>XON</b>
16	WAS DECEASED EVER IN U.S. AI [YES, NO OR UNKNOWN] [IF YES, GI	RMED FORCES?	166 SOCIAL SECUI		Mrs. Margai	19320 ADDRI ret Barbee	Coatesvi	lle, Pa.
		TE CAUSE (a)	CART	DIA	ARRES	T-015	BETY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTMERSIGNIFICANT	( (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN PAI	RI Ita
CEDTIEICATION	196 DATE OF OPERATION		NCER ITION FOR WHICH		ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES []	
	00.00-1700017010	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF HIJU	RY IN ITEM 18 PART 1 OR PAS	2)
MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY IEET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN COUN	STATE
	220.1 certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did no 22b. SIGNATURE	11/	30 19		nd that in (my) (our) opinion of	death accurred on the d		, that (I) (we) last in the causes stated DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE	Nool DR PRINTS	engo >		ATTENDING PHYSICIAN [	MEDICAL STA	FF _	1/30/84
1	I War CT	000/0	y mo	IAME OF	WYMA	123d LOCATION	K HOSP	ETAL
	BURIAL, CREMATION, REMOVAL (SPECIFY)  Removal  FUNERAL DIRECTOR	/	0/84	NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	REGIST AR'S SIG	STATE .

Balto., Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

Anatomy Board

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if hem 21 is marked or Item 18 shows any injury, or other traumatic event, the



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•	PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Fage Amay be anding playsician.	this certificate has been signed by the ottending physicion and completely filled in by the funeral director. The business that the business remove corbon papers. Pages and 2 should be fixed with a 72 hours after define the within 72 hours after define the busines, cremotion, or removal.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND I		IENE S REG. N	10.	9 5	6	1
		CEASED NAME FIRST		MIODLE	4	LAST		20. DATE OF DEATH	MONTH	OAY YEAR	26 HOU	IR
- [	TTPE	Clifford	1		Barge	er		1	1 10	84	8:10	AM
3.	SEX		4. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BI	(YAOHTS	IF UNDER I YEAR		
		Male	White		MONTH		YEAR		unc	MONTHS DAYS	HOURS	MIN.
7	BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 8.	14	09	9. BALTIMORE CITY O	YRS.	Y OF DEATH		
4		Ohio	U.		WIDOWE		ORCED	Baltimore	e, Cit			MD.
3	11	TY OR TOWN OF DEATH  Balto.	VAMC,	HOSPITAL, NURS CHFACILITY, GIVE STREE Loch Rav	en Blv		L8	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Milita	OF WORKING LI		OF BUSINE	SSOR
	30. S		ROTHER INSTITUTION NTY eghany	136. CITY OR TO	WN	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS 959 Glenwo			502	
1		THER'S NAME FIRST HOMAS H	WIDDIE	Barger			MAIDEN NAM FIRST Lia	AE MIDDLE		Feit	h h	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADDR	ESS			
6	,		3-60	289-05-	1678	Mrs. V	/ictori	a B. Barger	c - Sa			
T		18 CAUSE OF DEATH (Enter of	nly one couse pe							APPRO BETWEEN	XIMATE INTER	DEATH
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (o)	CARD	VOPULA	HONARY	AR	REST		~6	mon	141
	z	couse (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT	(c)_	ONTRIBUTING TO		NOT RELATED	TO THE TERMI	IN AL DISEASE OR CON	IDITION GI	VEN IN PART 1	la	
2	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES []	INGS USEE S OF DEAT	TH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	.M. OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATIO	N	CITY OR TO	NWC	COUNTY	S	STATE
-		220 I certify thatXX (this hasp	oital) attended th	ne deceased from	11/7		19.84	, to_11/10		19_84	, that X (v	we) lost
-		sow the deceased olive a abovey y (we) (did y dyn)			84 . 01	nd that in XX	(our) opinion d	leath occurred on the o	ote and ha	ur and from the	e couses sto	oted
		22b. SIGNATUR	int	mn			TTENDING PHYSICIAN	MEDICAL STA		22c. DAT	E SIGNED	ry
		22d PHYSICIAN'S NAME (TYPE	~	ANTE	MI	22e ADDRES	S		BALTIN	MORE M	D 21	218
2		BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR (		23d. LOCATION	ALL I			
	(	Removal	11/11	/84				CITY OR TOWN		COUNTY	S	TATE
2	4 FU	JNERAL DIRECTOR					250 DATE	REC'D. BY REGISTRAN	20 REGIS	PRAR'S SIGN	DL LDED . DO	- V

DHMH - 16 50M 4/83 (VRA 15, 4)

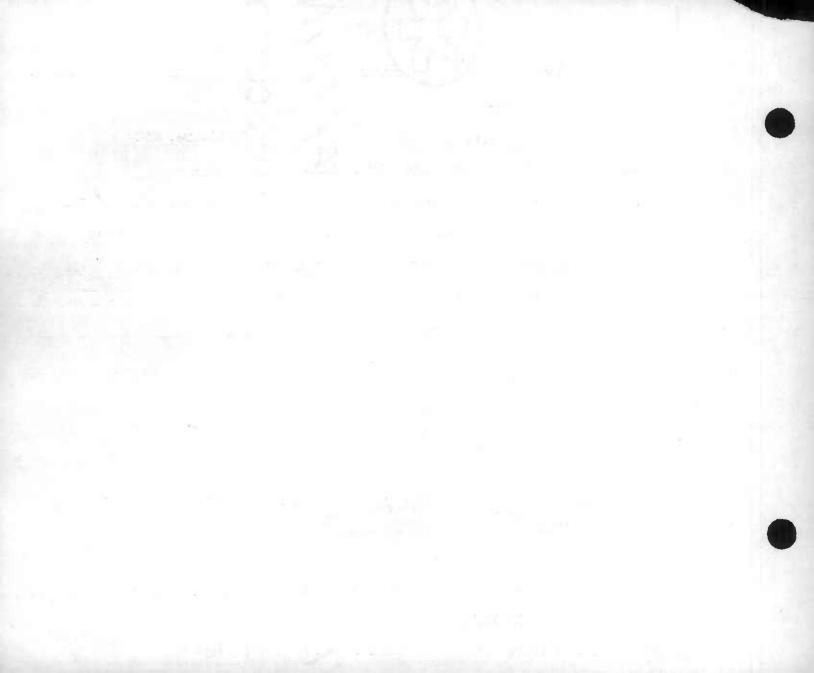
BP.

Anatomy Board

NAME

ADDRESS Balto., Md. NOV 16 1984

1. Marydson-No



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2h HOUR TYPE OR PRINTS LUEVINIA LASHAWN BARNES 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY HOURS 26 83 ገሽ Female Black RTHE BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA WIDOWED DIVORCED BALTIMORE IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HIS 130. STATE NIB GOUNTY Baltimore 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD 1219 Ashburton St. 21216 YES X NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE Faith Samuel Barnes Jr. Evans 16b SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Faith Evans 1219 Ashburton St. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY rouguascu IMMEDIATE CAUSE (g). DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. aris PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO CATION CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 28a AUTOPSY? 20b, IF YES, WERE FINDINGS USED S IN CERTIFYING CAUSES OF DEATH? NO T Hygi 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR nto. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d, INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK HO mu 11 Nou 220.1 certify that (1) (this haspital) attended the deceased from... sow the deceased alive on\_ and that in (ny) our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 396-SIGNATURE DEGREE 22c DATE SIGNED ATTENDING should be detor with the State C DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 224 PROSETAN'S NAME THE OFFINE 22e ADDRESS Leer 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN STATE 11/16/84 Garrison Forest VA Owings BP Mills MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 1101 AERESS North Ave. Wm. March F/H Fulia Davidson Gandalle (VRA 15, 4)

the first and could perfect the many with managers and there are seen

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 28 DATE OF DEATH 2b. HOUR MABEL TYPE OR PRINTS BARNES CLEORA Nov 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4. RACE MONTH FEMALE WHITE 03 AUG 1900 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWEDX DIVORCED [ BALTIMORE CITY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE AGNES HOSPITAL HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD A.A. LINTHICUM NOX 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE

IF UNDER 24 HRS 126. KIND OF BUSINESS OR OWN HOME 21090 429 WEST GREENWOOD RD. FORD CARRIE HORACE WOOD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Same as 212.18.2408 BONNIE E. BARNES (Daughter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Midias IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF cardiac ary Kinia -0 Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATION 4Cer C 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 98. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO. YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INILIRY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceosed olive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death, **SIGNATURE** DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

ichete

23b. DATE

NOV.28,1984 Meadowridge Mem

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

CITY OR TOWN Elkridge

STATE Md.

24 FUNERAL DIRECTOR

238 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

Singleton Funeral Home Glen Burnie

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

PORT

Howard

16/64 EPS SHEET SHEET

~ H	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HEALT	MARYLAND TH AND MENTAL HYG TE OF DEATH	REG. NO.	29564	
( B : )		OR PRINT) VFOA	MIDDLE	BARNE	S	10-31-84	DAY YEAR 26. HOUR	7
n offer.	3 SE	Female	Black	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER 24 HR MONTHS DAYS HOURS MILE RS.	
death Pa		RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COL	ce City,	MD.
To other tied with	13	altimine	Rey CIRC	le Hospi	Le Institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  VEVER WARR	12b. KIND OF BUSINESS C INDUSTRY	OR .
filted in hould be	130.5	AL RESIDENCE HE NURSING HOME O TATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CTY C	TIMORE YES	INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP 6		MA
ed within	14. FA	THER'S NAME FIRST  James Coll		15. A	MOTHER'S MAIDEN NA FIRST  Reatri	ce Colbert	LAST	
n and co		VAS DECEASED EVER IN U.S. AI (ES, NO OF UNKNOWN)	RMED FORCES? 16b. SOCIA	18 7916	Medice	Record		
requires that the death certificate in signed by the attending physici. Then please remave carbon paper ir to burial, cremation, or removal. injury, or other traumatic event, the	NO	PART I, DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	nsequence of	RELATED TO THE LIPA	AIN AL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT  ALWENO  N GIVEN IN PART 110: 1956	
n. nos beemit permit ne prio ws ony	CERTIFICATION	196 DATE OF OPERATION		WHICH OPERATION WA		YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO	
HYSICIAN dung physics certifics burnol-tro Mentol H. or them 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONT R) P.M.  21e. PLACE OF INJURY	TH DAY YEAR	LOCATION	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART ?)  COUNTY STATE	
NDING PROTECT THE USE OF THE USE	W	WHILE NOT WHILE 220.1 certify that (I) (this hose	1 - 71	from 9.13	STREET	, to 10.31	, 19_ <b>34</b> , that (II (we) I	ost
HOSPITAL OR ATTE		sow the decessed olive or obove, (I) (we) (did) (did n	or peikil)	OK M		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	:
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote iMPORTANT;	23a f	E. Elswor	the COOK	123c NAME OF CEMET	2431 N	23d LOCATION	Balk. Md.	_
BP	Bi	SPECIFY)  Lrial  JNERAL DIRECTOR	11-9-84	Mt.Zion	Cem	CITY OR TOWN Lansdown TE REC'D. BY REGISTRAR 25b. RI		
DHMH - 16 50M 4/83 (VRA 15, 4)	(7.17)	Chas. A. Ric	e FSPA 1300	DEutaw Pl		V 1 3 1001 6	OSTRAR S SIGNATURE	



George J. Gonce 4001 Ritchie Hgwy Balto Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH MONTH 7h. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS YRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 17a USUAL OCCUPATION 17h, KIND OF BUSINESS OR (TYPE OF WORK EOR MOST OF WORKING LIFE)
Self-Employed INDUSTRY Upholstering 13e.STREET ADDRESS / ZIP CODE 3803 Brooklyn Avenue Micklo ADDRESS Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY (SPECTremation Westview Crematory Catonsville Md 11/23/84

25a. DATE REC'D. BY REGISTRAR WIEG MAN SIGNAMENT

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

I. DECEASED NAME

REGISTRAR

MPORTANT: If Hem 21 is marked at Hem 18 shows ony injury, at other traumotic event, the medical exam

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 9 5

		KEGGIKAK									REG. NO.				
		CEASED NAME	FIRST		WIDDLE		LAST			20. DATE OF DE	EATH MON	ATH C	DAY YEAR	26 HO	UR
h	Vidia	OR PRINT)	Willia	am	Ba	rthe	lmes		THE	Novembe	er 10.	198		1.40	
4	3. SEX			I. RACE		. 5	DATE OF B		EAR	6. AGE (IN YEAR	S LAST BIRTHDA		AONTHS DAY		ER 24 HRS
	M	lale	100	Whit	0	000	3-	7-189		90		YRS.			
	2n BH	RTHPLACE ISTATE OR	FOREIGN	L CITIZEN OF		NTRY? 8.		_		9 BALTIMORE	CITY OR C		OF DEATH		
35	-	Md.		U.S.A		V	VIDOWED [		ED 🗍		imore				MD.
10	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, N			THER INSTITUTI	ON	126. USUAL OC Electi			INDUSTR Betl	OF BUSIN	
18	F	Baltimore		Maryla	and Ge	nera	1 Hosp	ital		Electi	ricia	.n	Beti	n Ste	eel
35	USUA Tão S	Md.	136 COUN	OTHER INSTITUTION, TY	Balt	R TOWN	130 Y	I INSIDE CITY LI		311 S	DRESS / ZII	t A	ve.	2122	4
0		August		AIDDLE D	arthê	Sh ma		Anna	DENNAM		MIDDLE	Des		AST	
0												Br	uegg:		
	16a W	VAS DECEASED EVER (NO OR UNKNOWN)			166 SOCIAL			INFORMANT	D	1 1	ADDRESS	-		2122	_
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		18 CAUSE OF DEAT	H (Enter anl	y one cause per	line for (a),	(b), and (c	3.1						APPR	OXIMATE INT	ERVAL OD DEATH_
		PART I. DEATH W		O BY: CAUSE (a)	Card	ionu	lmonar	y Arres	+						
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		Conditions, if any	which	( (b)_		n Tu							4		
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Cremation 12-7-9th Vertview Homerick Park Westview, Wolfe, Co. L. Junies Seiden & Son Inc. 11 S. Jonding St. He was Story

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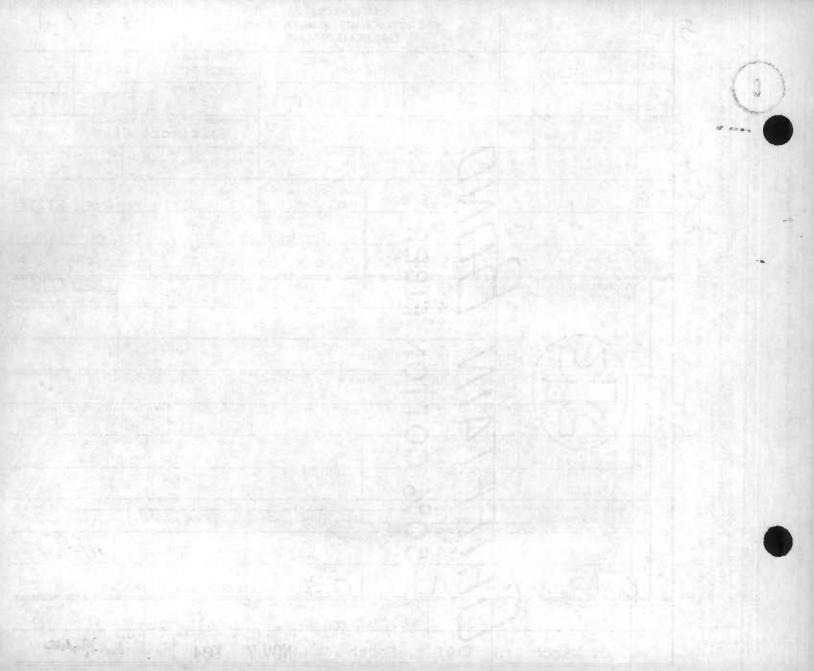
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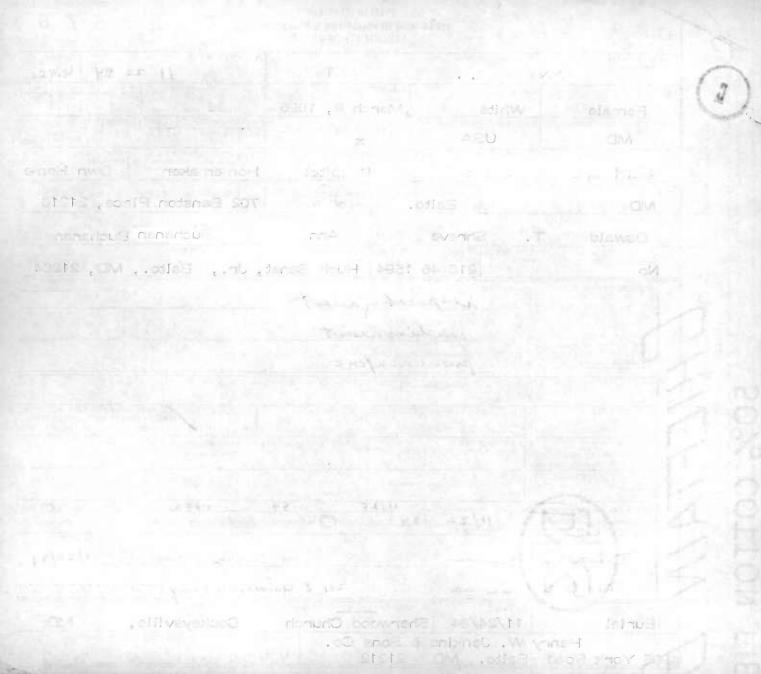
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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST NG PHYSICIAN. The low requires that the death certifular physician.  The this certificate has been signed by the attending is so the buriel-transit permit. Then please remove carbon in and Mental Hygiene prior to burial, cremation, ar renorked or them 18 shows any injury, or other traumatic evented or them 18 shows only injury, or other traumatic evented.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCAT	ON T	CITY OR TOWN	COUNTY	STATE
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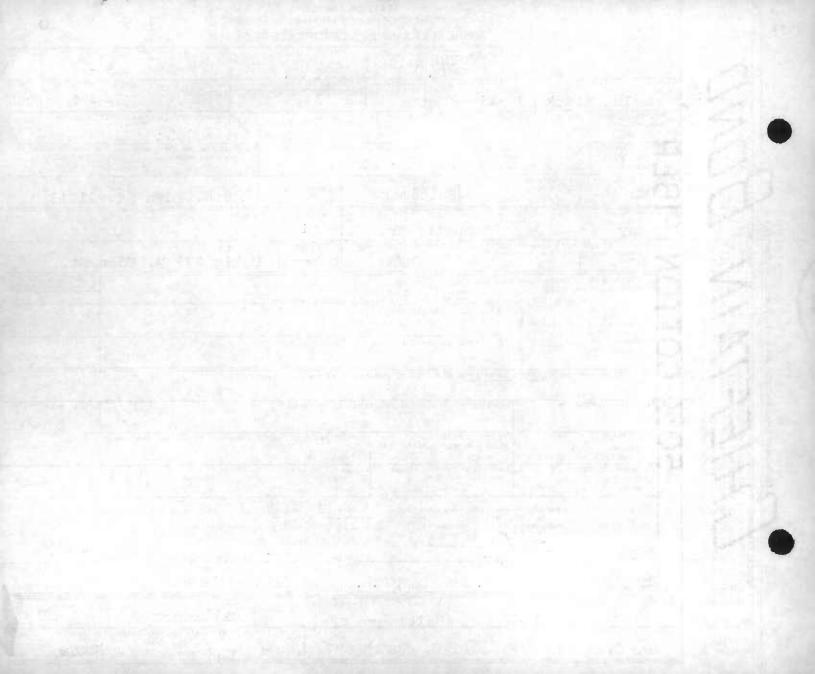
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MH - 16 50M 4/83	24. F	UNERAL DIRECTOR Henr NAME 05 York Road	ry W. Jenkin	- DIEGO	s Co.	E REC'D. BY REGISTRAR 256. F	CEGISTRAR'S SIGNA	KTUKE



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BALTIMORE. MD. 2 IRS AFTER DEATH. IF, AB. GIVE PAGES 1, 2, 3, WITH FORM PM 3. R WITH FORM PM 3. R DIVISION OF WITH R	14. F	ATHER'S NAME Ray	A. Ber	nnett, Sr.	15 MOTHER'S MAIDE	MIDDLE	Garrett	
TIMOR TER DE FORM SES I A ION OF		WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURITY NO.	17 Idi SaniGa		5	
UNS AFTER UNITY FOR WITH FOR WITH FOR IT. PAGES 1 DIVISION (	1	No		N/A	Deborah	Holly 938 N.	Eden St.	
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI		for (o), (b), ond (c).) Sudden infant	death syndro	ome	APPROX BETWEEN	MATE INTERVAL ONSET AND DEA
201 W. UTED W IN PEN EXAMINE RIAL-TR D MENT ON, OR	No	gave rise to immediate couse (a) stating the <u>under</u> <u>lying cause last.</u> PART 2 OTNER SIGNIFICANT CONDITION	DUE TO, OR	AS A CONSEQUENCE OF	SEASE OR CONDITION GIVEN IN PAI	RT 1 ·a.		
TAL REC HOULD B RD "PEN HIEF ME USED AS DF HEAL, CR	FICATIO	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED?		20 AUTO	
SCERTIFICATE SHOULD BE EXEC STRING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL EX SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AN OI PRIOR TO GURLAL CREMATING	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEAR	HOW INJURY OCCURRE	D CENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)	X) NO [
DIVISIONER: THIS CERT COTE, WRITING CET FORWARDED TOR: PAGE 3 SH. THE STATE DEPARTOR STAND, 21201 PRI	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, 216 TORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY	STAT
L EXAMINE FE CERTIFICA OULD BE FO M. DIRECTO H, WITH TH		220. I certify that I took char death resulted from: Natu ACTUAL SIGNATURE	rge of the remoins des	scribed obove, held on Au Accident , Suicide	Inspection	Undetermined manner .	DATE 11-3-6	8 <b>4</b>
O MEDICA XXECUTE TH A AGE 4 SH O FUNERA FTER DEAT	22.5			Kauffman, M.D.		Penn Street		
07/84 BP	(	Burial  UNERAL DIRECTOR	11/7/84	23c NAME OF CEMETER Baltimore	Cem.	Baltimore	COUNTY	MM
DHMH - 17 (VR A15 ME (5))		Wm. C. March	F/H TI	01 E. North	Ave. NOV F	REC'D. BY REGISTRAR 256 REGIS	istrar's signature	0



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w 1	Add, info. FilmG598 12/10/84 kam STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTA	
80 -30	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
1. 1 1 V	1. DECRASED NAME FIRST DENNIS B. BERNARD	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 12:31 M
	MALE CAUCASIAN 5. DATE OFFIRTH STATE	4/ YRS DAYS HOURS MIN.
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY)?   8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT COUNTRY?   1. MARRIED NOT COUNTRY   1. MARRIED NOT COUNTRY?   1. MARRIED NOT COUNTRY   1. MARRIED NOT COUNTRY   1. MARRIED	
5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BAHMORE SHOCK RAUMA UNIT	120 USUAL OCCUPATION (I'VPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  SUTCHMANTED TELE CO
Zz hou	USUAL RESIDENCE (IF NURSING YOMF OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. STATE 138. COUNTY 134. CITY OR TOWN 134. INSIDE CITY LIM MARYLAND FREDERICK MONDOVIA 150. PED NO	* 3502 MARIGOLD DRIVE
MAN SEE VOI	FATHER'S NAME James William BERNARD IS MOTHER'S MAIL  FIRST  Tris	Beryl Foulk This
MORE.	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  161 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  213-42 6272 JOHN E	ADDRESS Brunswick, Md.  - REPLAK 55 Concord Dr.
L, BALT	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) RESPIRATION - CAPPLING FA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STONS forth certification and, or re-	Conditions, if any, which ( (b) MONTON CYCLE ACCIDE	int with
Joy the o	gave rise to immediate	ph Injury
RDS, 20 Reported Then ple to burns relary, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO
The best of the be	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  11/10 St FATREA ABOMINIST TOJUM / TOJUM  Leg	200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO   YES   NO
OF VITE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	CCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)
MISSION OF PHYS of the burning	(IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  WHILE AT WORK AT WORK AT WORK	Dennis Fortherman Mayorin STATE
TTENDA TTENDA TOR At The total of Health	22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an 11 2 19 8 19 19 19 19 19 19 19 19 19 19 19 19 19	that (I) (we) last
At DRA she had been the Dept.	TIMES CONATURE DEGREE	22c. DATE SIGNED
TO HOSPIT retained by TO FUNER should be with the Sit	PHYSICIAN'S HAME (THE ORIGIN) 22e. ADDRESS	Exem ST BAT, MO
PP	230. BURIAL, CREMATION, REMOVAL 236. DATE 734. NAME OF CEMETERY OR CREMATICAL 236. DATE 734. NAME OF CEMETERY OR CREMATICAL 236. DATE 734. NAME OF CEMETERY OR CREMATICAL 236. DATE 735. NAME OF CEMETERY OR CREMATICAL 236. DATE 736. DAT	<del>/</del>
DHMH - 16 50M 4/83 (VRA 15, 4)		DV 2 7 1984

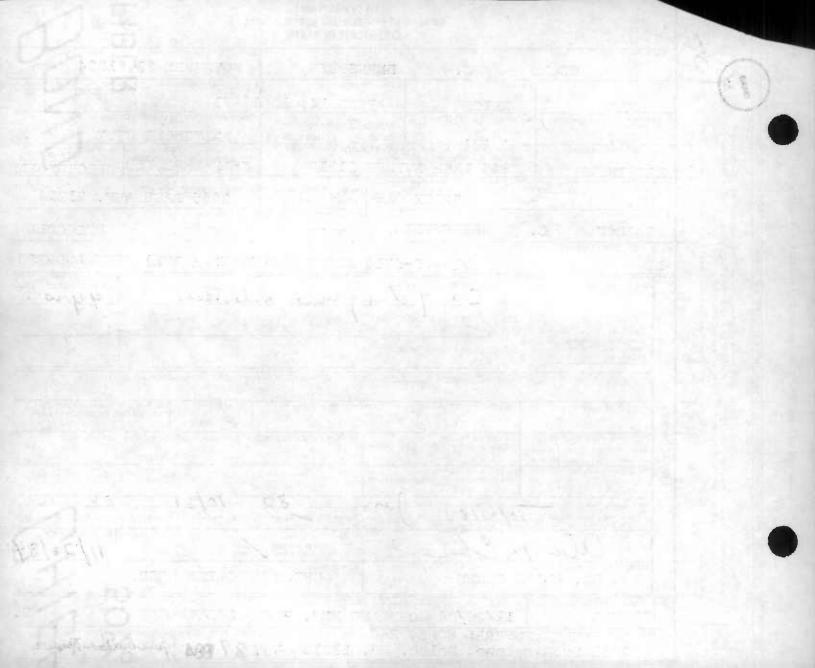
DEWNYS B. BERNARD 11 25-84 1231 MALE CAUCHSIAN 11-25-84 41 D.C. LAA. BALTMORE BAHMORE SHOCK TRAINING UNIT SOMEWHATER SO COUNTY OF THE PROPERTY OF THE WITHOUT S BEKNELD IN SELECTION A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY. Repositing - Lucius Francis-ROATON Egyth Handon WITH THE mallips Injury 11 10 See Street Miles and Tenned Training and X WILL IN THE MANAGER AND A (01)11 11/25/34 Joseph Filling IR may Be I crem IT that All CHARLES AND RESPONDED TO THE PARTY OF THE PA Marine Carolina Caro

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BP. DHMH - 16 50M

0	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		1 3	0 0
5	1. DECEASED NAME (TYPE OR PRINT)	CECIL		C.		NSTEIN	NOVEMBE			2b. HOUR 2:30 A
	3. SEX MALE		4 RACE WHIT	PE .	5. DATE C		6. AGE (IN YEARS LAST BIR 1 83		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
\$35	70. BIRTHPLACE ISTA	TE OR FOREIGN		WHAT COUNTR	Y? 8. MARRIEI WIDOWE	D X NEVERMARRIED	9. BALTIMORE CITY O	_		MI
100	BATTTMO	RE	2846	LAKE A	EET ADDRESS) AVENUE	21213	120. USUAL OCCUPATION OF THE SELF-EMP			MASTER TRICIA
135	USUAL RESIDENCE (1) 130 STATE MD.	13b COUN	OTHER INSTITUTION, TY	13c. CITY OR TO	ORE ADMISSION) DWN EMORE	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2846 I	ZIP CODE AKE A	VE. 2	21213
300	ISIDOR			BERNSTI		15. MOTHER'S MAIDEN NAME FIRST MARY	ELLEN		DRÎ	SCOLL
medical	(YES, NO OR UNKNOW)		MED FORCES? E WAR OR DATES)	213-05		ALICE BERN	STEIN (W)			ADDRESS
emovol.	18 CAUSE OF PART I. DEA	DEATH (Enter onl TH WAS CAUSEL IMMEDIAT	ly one couse per D BY: E CAUSE (o)	line for (01, (b),	dus	ng inch m	testares		APPROX BETWEEN	I ONSET AND DEATH
nen please remave cork o buriol, cremation, or jury, or other troumation		immediate stating the cause lost.	(b)	R AS A CONSEC R AS A CONSEC	QUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART II	<b>1</b> 00
permit. The perior to ows ony in	NO IN THE OF O	PERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDI	
ol-tronsit ntol Hygin em 18 sh	OR CONTRIBUTION	AS UNDERLYING COLOR CAUSE OF DEALY MEDICAL EXAMINER	TH HOUR A.	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
s the bur nond Me	21d. INJURY O		21e. PLACE	OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
for use o of Heolil 21 is mo								that (I) (we) last e couses stated		
detoched ate Dept JT: If hem	22b. SIGNATU	Men	13 C	h	4		MEDICAL STA		22c DATE	26/89
should be de with the State		R. ALL					MEMORIAL :	HOSP.		
s 3 ≤	230. BURIAL, CREMA BURIAI		11/2	6/84 M	ORELA	EMETERY OR CREMATORY ND MEM. PAR			COUNTY	SI <b>M</b> D
50M 4/83 5, 4)	24. FUNERAL PRINTERS	MUNEK Brehm	FUNERA s Lane	L HOME	, INC	. 21213 NO	V 2.7 1084	10. K	1	Aandele.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

item #1 corrected per F.H. G-597 STATE OF MARYLAND

Chas.A. Rice FSPA 1300 Eutaw Place

1 - STATE

(VRA 15, 4)

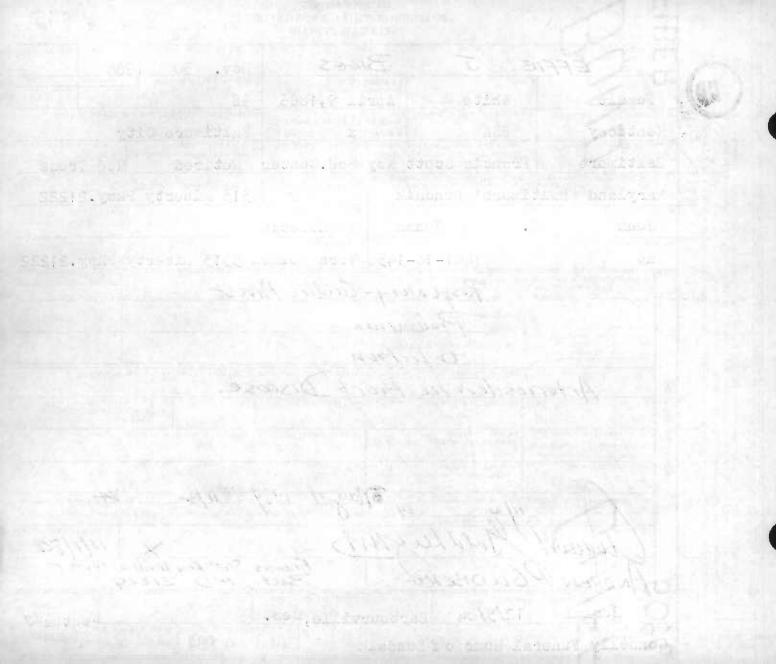
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Connelly Funeral Home of Dundalk

DEC

FOR

(VRA 15, 4)



DHMH - 16 50M 4/83

(VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

	1 - STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO.	(L)	
)	T. DECEASED NAME FAIL	lle S.	Birkel	lein	20. DATE OF DEATH MON	23 84	26. HOUR 430 PM
	FEMALE	WHITE	5. DATE OF BIRT	19 18	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
5	COUNTRY PA	76 CITIZEN OF WHAT COUN	MARRIED M	DIVORCED [	BALTIMORE CITY OR CO	we Cit	MD.
8	Balt more	11. NAME OF HOSPITAL, NUMBER OF HOSPITAL, NUMB	STREET ADDRESS) Man	and Hosp	TOUS CUT D		SE BUSINESS OR
5	THE STAME, I THE GOL		BMOR WE	NO EX	211 OOK	ed.	21219
H	Edward	Styl SC	avage	Antoiner	TE ADDRESS	men	etski
2	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 155-	01 000	rman B. E	Birkelien	Same as	
	PART I. DEATH WAS CAUS	only one couse per line for (a), (see D. BY:  ATE CAUSE (a)	iac arre	est		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, il any, which	DUE TO, OR AS A CONS	EQUENCE OF CAL	2diomyop	athy-heart	failire	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	10 Mathic	/ /	U		
	PARTA OTHER SIGNIFICANT	reart distage	17 1711	TYVI Valve	e replacemen	17 X 69 - 1	ME
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	per card well	5 - for pres	umed cognitive	YES NO	LIF YES, WERE FINDI CERTIFYING CAUSES YES	
1	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR 19	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART ( OR PART 2)	
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI		OCATION STREET	CITY OR TOWN	COUNTY	STATE

77e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Burial

236 DATE

Gardens Of Faith

234 NAME OF CEMETERY OR CREMATORY

DEGREE

3d OCATION
CITY OF TOWN
Baltimore

REGISTRAR 256, REGISTRAR'S SIGNATURE

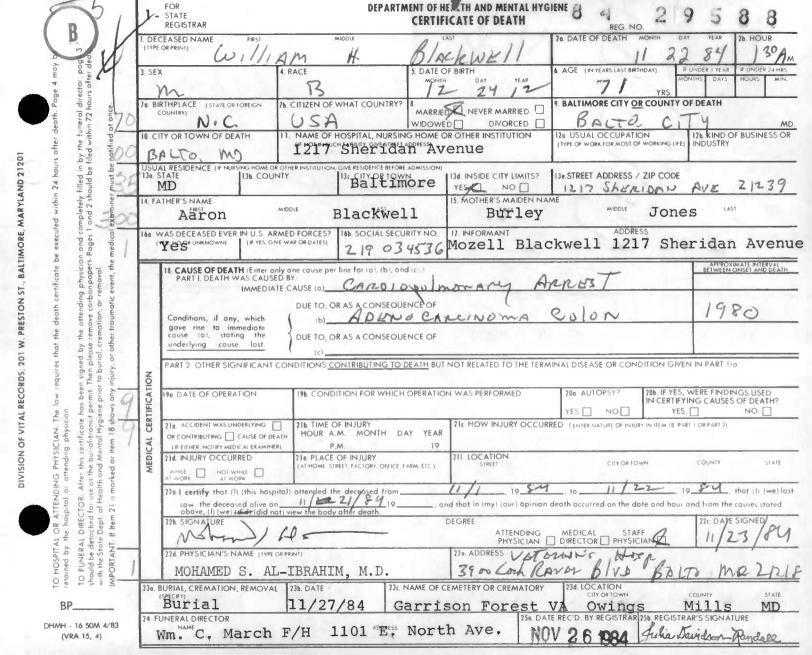
Burial 11/26/84 Gar 24 FUNERAL DIRECTOR Duda-Ruck, Inc., 7922 Wise Avenue Dundalk,

MD. 21222

Sulfer S District 37,414 346 13 to the section of the state of the s The first of the state of the s 二二年(1年)年 (日) - 144 (日) HE SHELL THE STREET WAS A STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWNXX IL HOUR (TYPE OR PRINT) ESTI-Glenn DEATH MATED HOURS STREET, 1984 Wayne Black, 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 9:20 Male Caucasian June 6. 1084 DEAD Th CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington, DC USA WIDOWED DIVORCED Baltimore City PAGE S FRIED, 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore Student School University Hospital -STU 20716 COUNTY 13d INSIDE CITY LIMITS? 13e SJREET ADDRESS 16003 Pointer Ridge Drive ince George's Bowie Maryland 44 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Wavne Elizabeth Glenn Black. Anne Allen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 1600 Pointer Ridge Dr. DIVISION YES. NO. OR UNKNOWN LIE YES GIVE WAR OR DATEST 216-98-3132 Wayne G. Black, Sr. Bowie, Maryland 20716 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 11 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNEMARY A BURIAL - TRANSIT PERMIT OF UNREATO PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Shotgun Wound to Head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? (head only) YESXX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING XXX OR CONTRIBUTING CAUSE OF DEATH 7: 30xx. 11-3 19 84 subject was shot 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OF TOWN NOT WHILE AT WORK AT WORK field 4200 Accokeek Rd., Accokeek, Prince George's (head only) Co., Md. Autopsy XX Inspection Inquiry and in my apinian Suicide Hamicide XX death resulted from Natural causes Accident Undetermined manner TITLE (SPECIFY) MnAssistant 11-6-84 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. 21201 M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 230. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION November Ft. Lincoln Cemeterv Brentwood, Prince George's. MD 07/84 24 FUNERAL DIRECTOR KELLA 25M 250. DATE REC'D. BY REGISTRAR | 255, REGISTRAR'S SIGNATUR 6000 Annapolis Road **DHMH - 17** wia Davidson NOV (VR A15 ME (5)) Funeral.

(Art of the property of the pr white was what is a good of the collection of th





5. DATE OF BIRTH

MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

24

84

FRIEDLANDER

21215

IF UNDER I YEAR

135

126. KIND OF BUSINESS OR

JOSSIA BANK CO.

APPROXIMATE INTERVAL

IF UNDER 24 HRS.

22

CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 2b. HOUR

69

6 AGE (IN YEARS LAST BIRTHDAY)

BALTIMURE CITY

120 USUAL OCCUPATION

13e STREET ADDRESS / ZIP CODE

MIDDIE

MRS. LUCILLED BEAINE

9. BALTIMORE CITY OR COUNTY OF DEATH

7009 BOXFORD RD. #21215

BLAINE

YEAR

15



STATE

REGISTRAR

NEW YORK

MARYLAND

ISRAEL

BALTIMORE

14 FATHER'S NAME

YES

70. BIRTHPLACE (STATE OR FOREIGN 10. CITY OR TOWN OF DEATH

2 à

00 ö should be deto with the State I

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ACUTE RENAL FAILLRE DIMBETES 190 DATE OF OPERATION 2 In ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased from, sow the deceased alive on\_ above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE Stewn L. Ballus M. O 224 PHYSICIAN'S NAME (TYPE OF PRINT) STEVEN L. BALLAS 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL NOV.25,1984 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD 21215

7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SINAI HOSPITAL OF BALTIMORE USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE NO [ 15. MOTHER'S MAIDEN NAME FIRST BLAINE MINNIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ( IF YES GIVE WAR OR DATES) WII-ARMY 092-09-9599 7009 BOXFORD RD. BALTO., MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ANORIC ENCEPHALOPATHY DUE TO OR AS A CONSEQUENCE OF CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

MIDDLE

4 RACE

CAUCASIAN

PHILIP

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR 19 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

200 AUTOPSY?

NOT

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED 11/22/80

NO [

STATE

22e ADDRESS

DEGREE

PHYSICIAN [

MEDICAL STAFF DIRECTOR PHYSICIAN

BATTTMORE

CITY OR TOWN

23c NAME OF CEMETERY OR CREMATORY

SINAL HOSPITAL OF BALTIMORE

ATTENDING

23d. LOCATION

MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

SOL LEVINSON & BROS., INC.

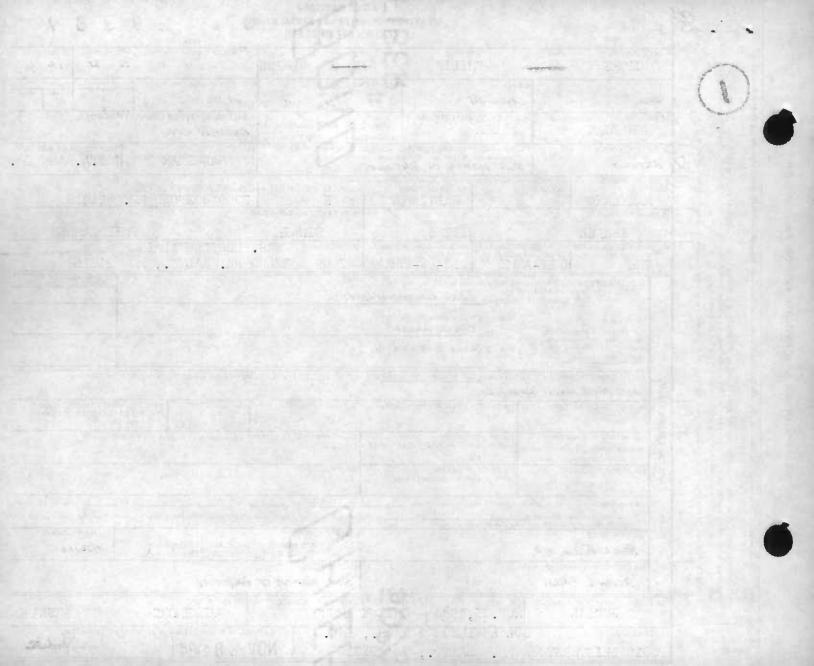
216. TIME OF INJURY

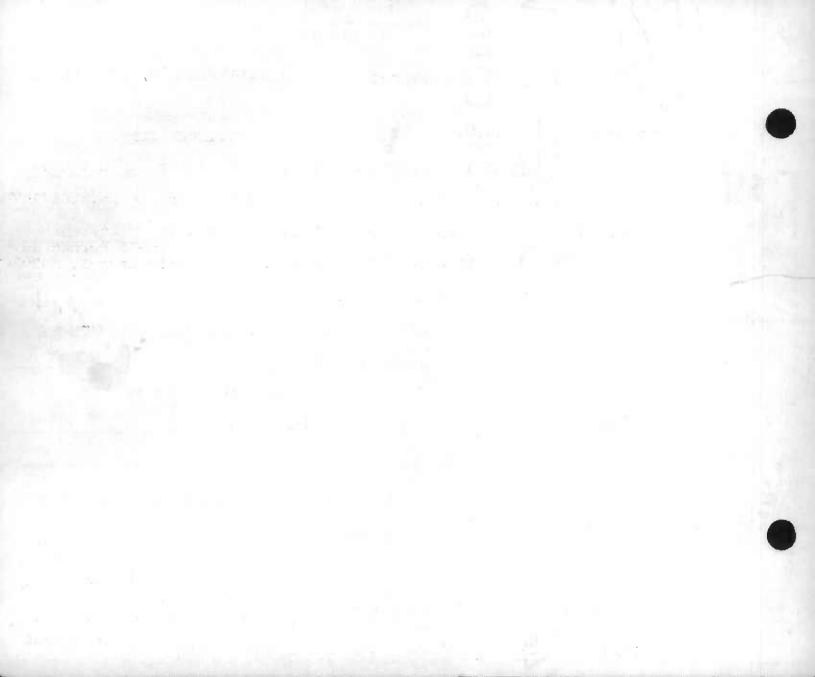
21e. PLACE OF INJURY

HOUR A.M.

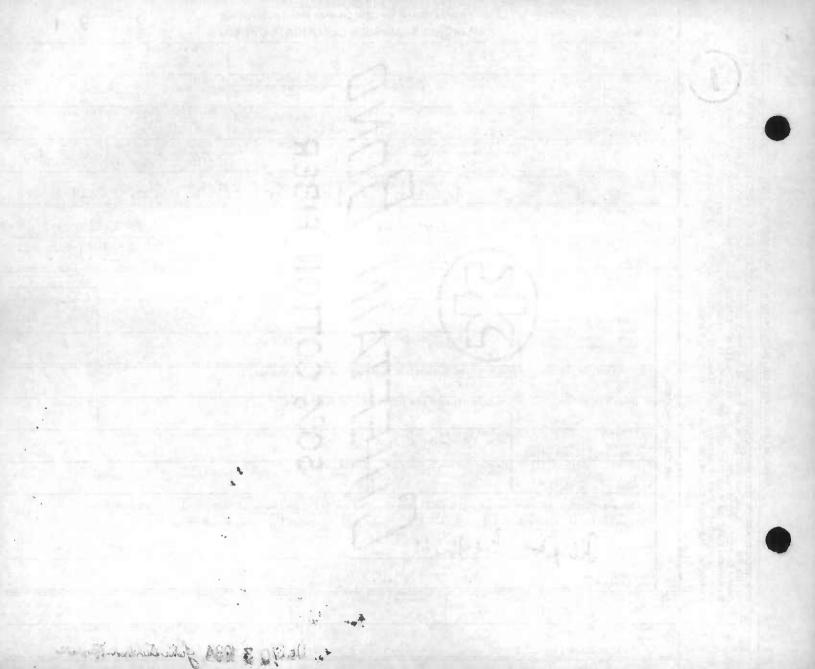
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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE





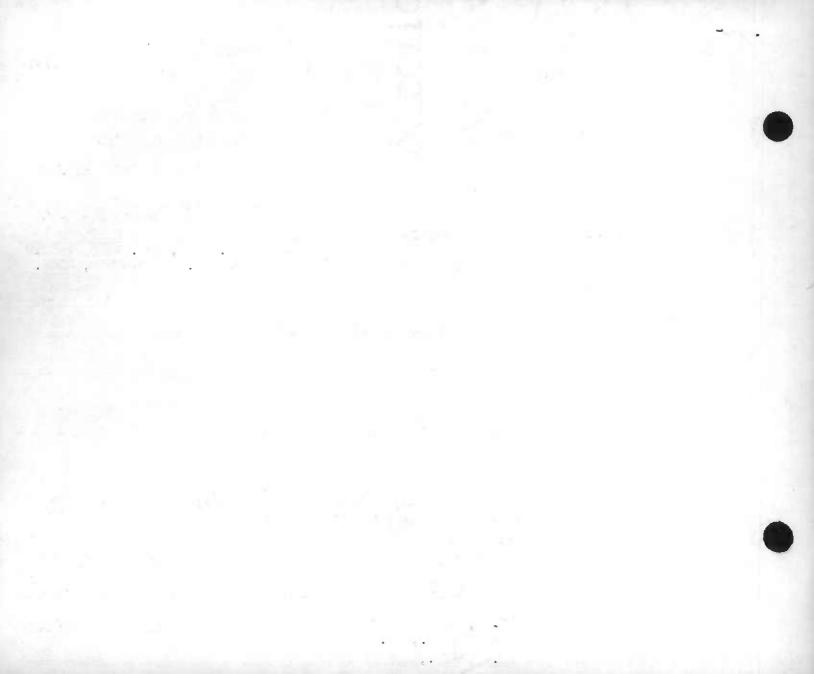
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 7a. DATE KNOWN 2b. HOUR TYPE OR PRINTS OF ESTI-11-21-84 HUBERT BLEVINS 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH 26-84 LAST BIRTHDAY PRONOUNCED 11:10 6/19/28 56 Male White YRS B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL WITH FORM PM 3, RETAIN PAGE 5 FOR YO 1. PAGES 1 AND 2 SHOULD BE FILED WITHIN DIVISION OF VITAL RECORDS, 201 W. PRESTO TH CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY BaltimoreCity U.S. WIDOWED [ DIVORCED Tennessee IB. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY
Transfer office Baltimore Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CLEY LIMITS? 30 STATE 113h COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 1815 E. Balto. 21231 Balto. Md. YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE SIRST Ellis Kate Blevins John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17. INFORMANT ADDRESS 1844 Yakona Rd. Balto., Md. (YES, NO. OR LINKNOWN) I HE YES, GIVE WAR OR DATES) 218-22-7849 Ms. Revonda Cardwell WWII Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXACULLED WHITHIN TO THE 18. RECUTE THE CERTIFICATE, WRITING THE WORD. "REDDING," IN PRIOR IN THEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 35 HOULD BE CHED AS A BURIAL. "RANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DIVISION OF VITAL NOXX YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 210 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 229. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11-27-84 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 11/28/84 07/84 Removal 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Balto., Md. (VR A15 ME (5)) Anatomy Board



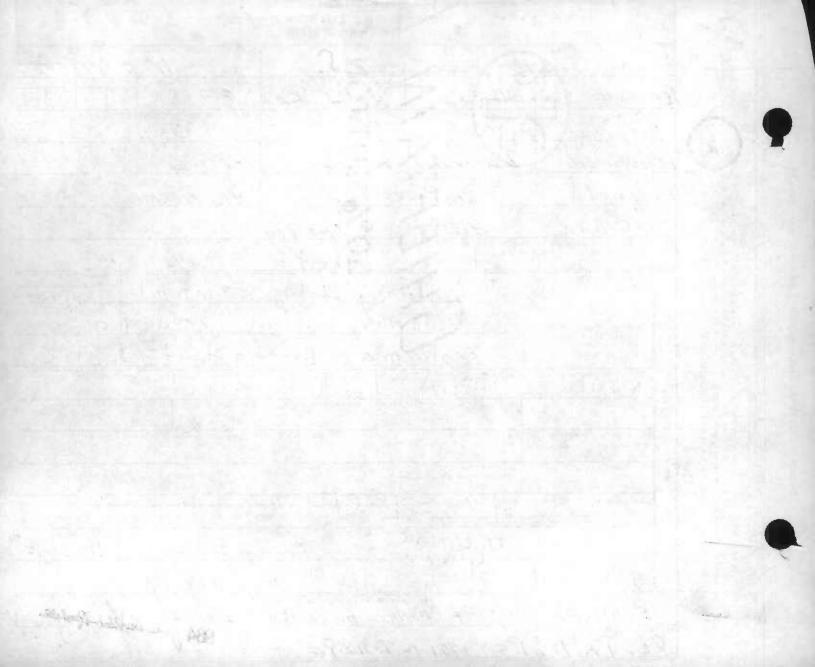
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on ond com	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT JEROME B. BEPMESS APT.	10 #48010 GHAM, MICH.
that the death certificate be executed within 24 hours I by the attending physician and completely filled in by cose remove carbonoppers. Pages I and 2 should be filled, cremation, or removal.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  The CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  Caud (1) — RW MOWARY PARAMETER (CAUSE (b))  DUE TO, OR AS A CONSEQUENCE OF CARCI NOMATOS (S)  DUE TO, OR AS A CONSEQUENCE OF CARCI NOMATOS (C).  DUE TO, OR AS A CONSEQUENCE OF CONSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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BP	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR	MARYLAND
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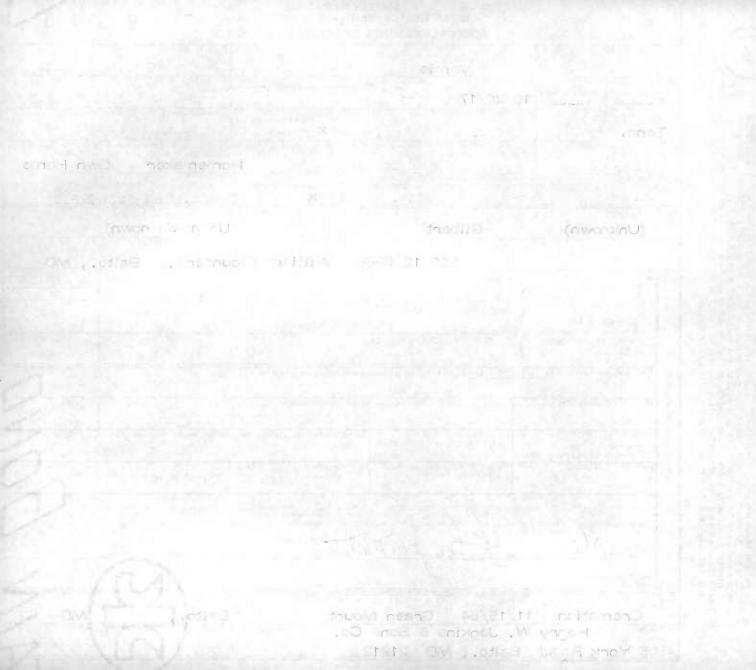


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DIRECTOR: sched for us Dept. of He f Hem 21 is		above, (I) (we) (did) (did nat) view the bady after death.
RAL DIR detach tote De		Doma fun. M. Alacam DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR
M ON A		22d PHYSICIAN'S NAME (WPE OF PRINT)  50 Dalphyn Steet Bolds MA 21219
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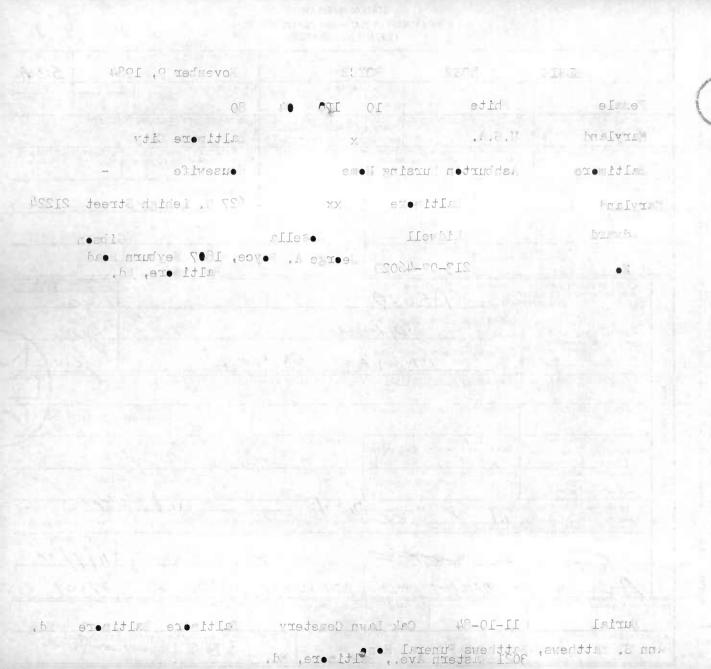
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		220. I certify that	I took charge of	the remains desc	ribed above, held	n Auto	psy , Inspection	on XX Inquiry	, ond i	in my apiniar	1							
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5		SIGNATURE / C	uuu	MA	neg	1.40	M.D. Assistan	MEDICAL EXAM	NER	SIGNED_	11-0-04							
		EXAMINER'S NAME	Denn	is F. Sm	yth, M.D		ADDRESS 111	Penn St., I	Balto.,	Md.	21201							
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		STATE REGISTRAR	and Driver	CERTIF	ICATE OF DEATH	REG. NO.			
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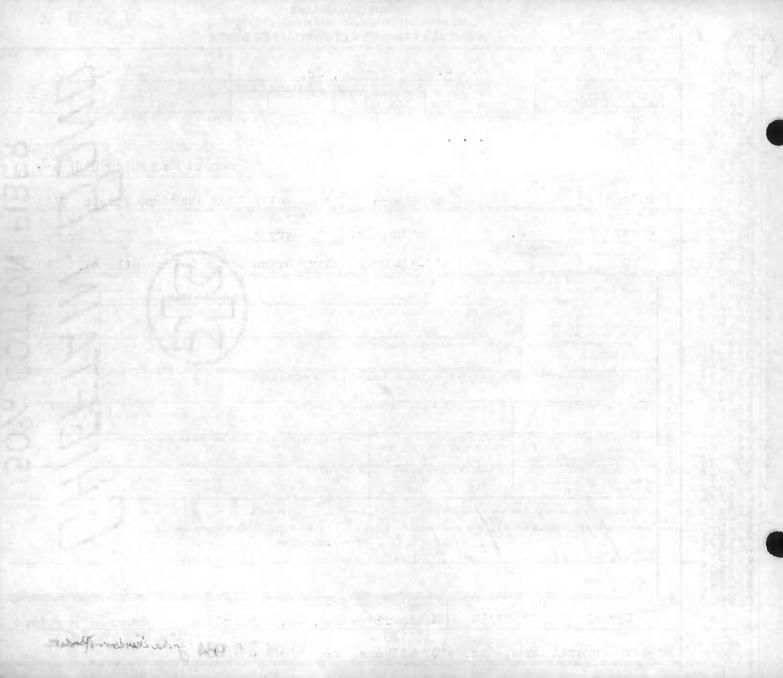
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH LITTE OF PENTS ESTI-DEATH MATED JOHN HENRY SEX 4. RACE IF UNDER 24 HRS 2d HOUR 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 10-18-1908 DEAD 8:22P 11-11-849 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore City DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Baltimore Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 113e STREET ADDRESS Balto A FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST LAST 7 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Breuning=5922 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 IVa. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES [] NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OF TOWN COUNTY STATE Inquiry X arge of the remains described above, held an Autopsy 22a I certify that I tag Inspection and in my apinion death resulted Hamicide Undetermined manner LITLE (SPECIFY) 11-12-84 ACTUAL SIGNATURE 111 Penn Street Thomas D. Smith, M.D. EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION COUNTY 111-14-84 STATE Burial 02/64 DATE REC'D. BY REGISTRAR ISSENEGISTRAR'S SIGNATURE 2584 24. FUNERAL DIRECTOR DHMH - 17 Miller Inc-6415 Belair Rd. -21206 (VR A15 ME (5))

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(VRA 15, 4)

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Bleikor, Prylind 1999			inc.
HATTER SALES			

Wm. C. March F/H 1101 E. North Ave.

(VRA 15, 4)



injury, or other traumatic

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND

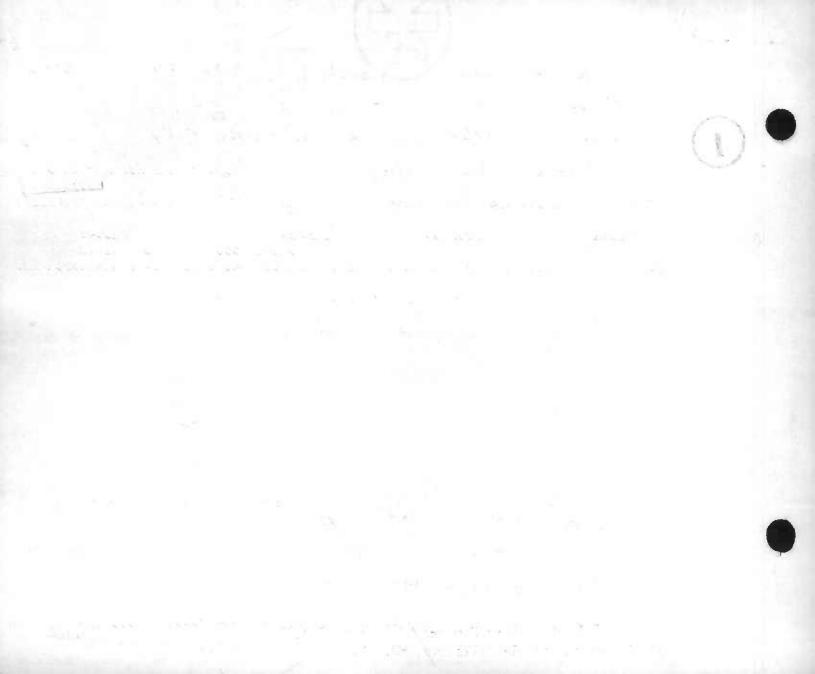
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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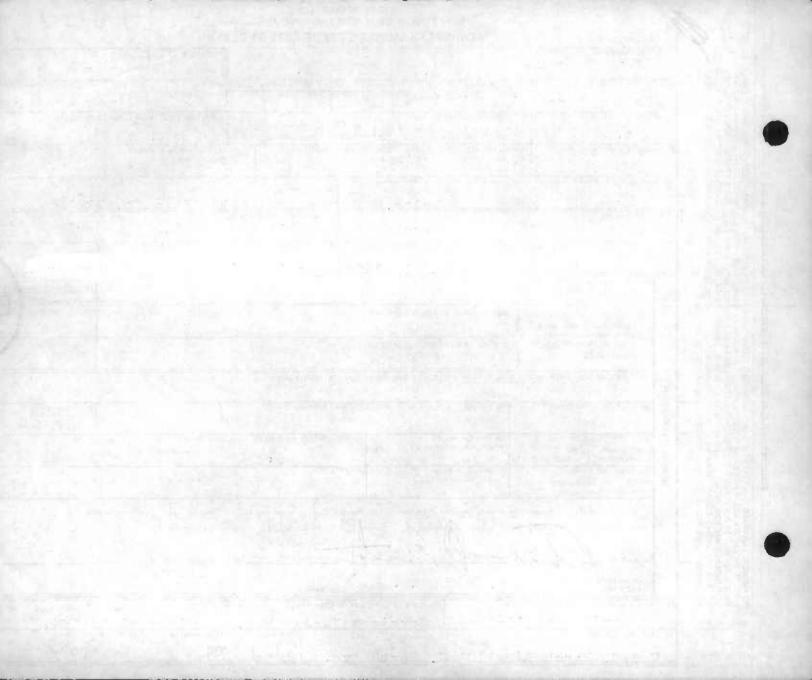
- STATE REGISTRAR		DEI ARTI	CERTIF	ICATE OF DEA	ATH	REG. NO	D.		
1. DECEASED NAME FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(TYPE OR PRINT)	, Jo	mes	Bu	ocato			84		505 A
3. SEX	4. RACE		5. DATE (		YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
M ale	-	hite	7	21	22	62	YRS.		
M. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	ourn []	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Maryland	1	SA	WIDOWI		RCED	BALTO C.	+~		м
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		Carl V		120 USUAL OCCUPATE	NC	126. KIND (	OF BUSINESS OF
BAltimore	S	H FACILITY, GIVE STREET	Hosp			Retired own	rworkinglife ner Mt		ington
SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY	HMITS?	13e.STREET ADDRESS	7IP CODE	Ci	Leaners
	timore	Strucus			o.fcfc		Steres	con	2 12115
14 FATHER'S NAME	OUNDIO			15. MOTHER'S M		AE	7,0,00	130	
FIRST	WIDOLE	Paganta		FIRS		MIDDLE		Falise	ST
Joseph 160. WAS DECEASED EVER IN U.S. AI		Brocato	DITY NO	E'ran		acani 770 ADDRE	SS MD	21228	
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES					100000	LID		
Yes unk	nown	219-18-1	797	Mrs. Ra	chelle	e Reisinger	6007		vorth Roximate interval
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [	(c) CONDITIONS <u>C</u> (	R AS A CONSEQUE ONTRIBUTING TO I	DEATH BUT			INAL DISEASE OR CONI	20b. IF YES	, WERE FIND	
1			_			YES NO	YES	_	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETIMER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED		M. MONTH DA	AY YEAR	211 LOCATION	RY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	11.5	
WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
22a I certify that (I) (this hosp saw the deceased alive or above. Wee) (fin) (did n			84.0		19 8 9 or) opinion o	deoth occurred on the de			that (we) la couses stated
22b SIGNATURE				DEGREE				22c. DAT	ESIGNED
Sne	MI	)			ENDING _	MEDICAL STAF	F	111	- 1 011
	w I			PH1	SICIAN	DIRECTOR   PHYSIC	IAN	160	26.84
22d. PHYSICIAN'S NAME TYPE	OR PRINT)		4.0	220 ADDRESS	1	DIRECTOR PHYSIC	IAN		26·84 1
22d. PHYSICIAN'S NAME TYPE	OR PRINT)  G S		1D	220 ADDRESS	SICIAN L	Hospit	a (	1341-	

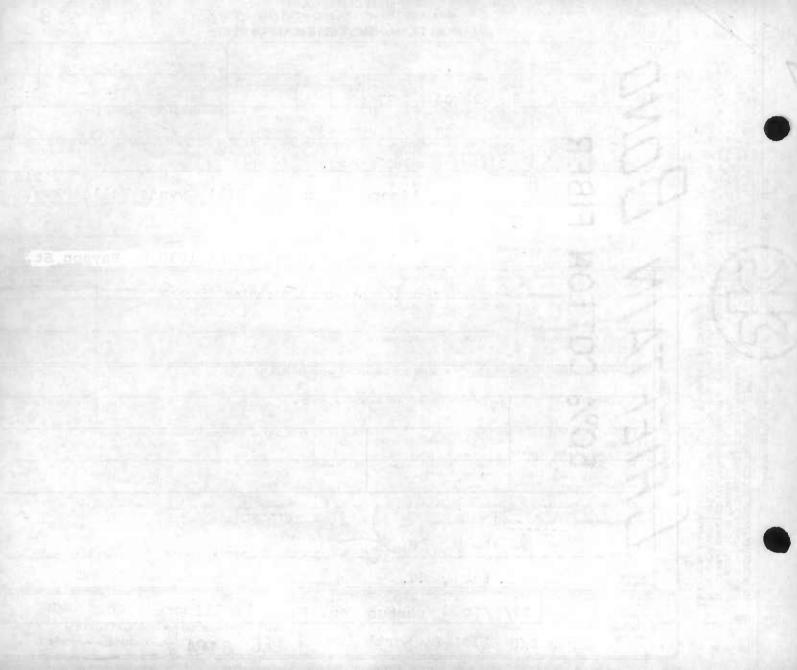
DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 250. DXTE REC'D. BY REGISTRAR'SS, REGISTRA



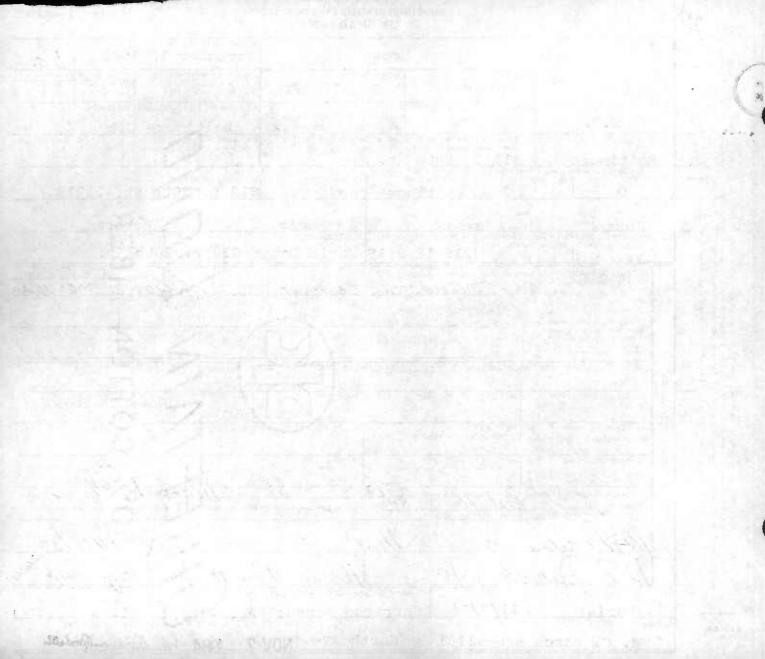
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000	1 - 5	OR TATE				MENT OF HE			~		La	7	0 0	
9	_	EASED NAME	FIRST	MEL	MIDDLE	XAMINE	( 2 ()	EKTIFICA	TE OF DE		REG. N			1
		OR PRINT				DD.	OVC	10		20 DATE K OF DEATH	ESTI-	MONTH	DAY YEAR	26 HOUR
2	SEX		JOI 4. RACE		I.			, JR.			MATED L	T T T	DAY YEAR	2d A WUR
3				5. DATE OF BIRTH MONTH DAY 7 2 4	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS		UNDER 24 HRS	PRONOUNG	CED	11 1		12:10
4		Male	Black	,	19	TKO.				DEAD			12-84,	175.4
51	a. BIR	THPLACE (51.	ATE OR	76. CITIZEN OF WH	AT COUNT	RY? 8.	MARRIE	D X NEVER	MARRIED [	1	-		TY OF DEATH	
2				USA			IDOWE		DIVORCED			nore (		MD.
		Y OR TOWN (		11. NAME OF HOSE			ROTHE	R INSTITUTIO	N 12e U	SUAL OCCUPA OR MOST OF WORKS	ATION (TYP	PE OF WORK	126 KIND OF BE OR INDUST	USINESS TRY
4		Baltimo				treet								
	JSUAI 3a ST	RESIDENCE (	IF IN NURSING HOME O	R OTHER INSTITUTION GIVE	13c. CITY	OR TOWN	h	13d. INSIDE CITY LI	IMITS?   13e ST	TREET ADDRES	S			
1		Md				lto.					ken	St	21218	
U I	4 FA	HER'S NAME		WIDDLE					MAIDEN NAM	AF				
		John		I mobile	Br	ooks S	r.	EIRST	l a	MIL	M.		Davis	
		AS DECEASED	EVER IN U.S. ARA	AED FORCES?	166. SOCI	IAL SECURITY N	O. I	17 INFORMAN	Vī		ADDRESS	5		
	112	Yes	(IF TES, GIVE	WAR OR DATES!	225	-14-38	66	Port	ia Wr	ight 1	51 r	elau	vare Av	70
F			DEATH (Enter onl	y one couse per line l			0.0.1		100	19110 1	011	7CIAW	1 APPROXIMAT	TE INTERVAL
		PARTIDE	ATH WAS CAUSED			ma of t	he p	prostat	e				BETWEEN ONSE	ET AND DEATH
	8		IMMEDIAI	E CAUSE (0)		SEQUENCE OF				-				
			s, if ony, which										13.36	
			e to immediate	(b)	SACONS	SEQUENCE OF	50							
		lying cous	e lost.			DEGOLINCE OF								
		PART 2 OTHER SIG	NIFICANT CONDITIONS	(c) Contributing to death be	IT NOT DELAT	EN TO THE TERMINAL	DICEACE	OB CONOLLION CIV	WEST THE SAME A					
	Z			SOUTH BOTH OF SERVING	I NOT KEER!	TO TO THE TERMINAL	DISCASE	UK COMUITION GIV	TEN IN PAKE I (a).					
7	H	19a. DATE OF	OPERATION	196 CONDITI	ON FOR W	VHICH OPERATI	ON WA	S PERFORMED	D?				20 AUTOPSY	(2)
	FIC													
1	MEDICAL CERTIFICATION	210 EXTERNA	CAUSEWAS	216 TIME OF	NJURY		21c HOV	W INJURY OF	CURRED IENTE	ER NATURE OF INJU	RY IN ITEM 10	PART 1 OP PA	YES	XXON
5	OI	UNDERLYING	OR	HOUR A.M.		DAY YEAR			CORNED (EITE	CHANGE OF MOO	S. Salirud 10	TON PA	N1 21	
/	OIC.	THE INTERVO	IG CAUSE OF D	21e PLACE O	FINITIRY	19	11 LOC.	ATION						
	ME	WHILE	NOT WHILE E	STREET, FACTO		C.)		REET		CITY OR TOW	N	COI	UNTY	STATE
		AT WORK	AT WORK											
		220   certil	y that I took charge	e of the remains desc	ibed obov	e, held on	Autopsy	, In:	spection .	Inquiry	X, or	nd in my op	oinion	
		deoth resulte	d from Nature	al courses XX.	dent	, Suicid		Homicide	Und	etermined mon	ner .			
		A CTUAL	NO	()	1) 4	1	_	TITLE (SPEC	IFY)				11 12	0.4
4		SIGNATURE_	11	Mock	1/1	mes	AMD	Deput	ty Chie	F DICAL EXAMI	NER	DATE	11-13-	04
1	-	XAMINER'S N		D C.		10	1	11		Street		510112		
		TYPE OR PRIN	Inor	nas D. Smi	tn, r	1.0.	A	DDRESS	II renn	30166				1.5
2	3a. BU	RIAL, CREMAT	ION, REMOVAL 2	Bb. DATE	23c. N.	AME OF CEMET	ERY OR	CREMATORY	23d. 1	LOCATION		COUN	NTY .	TATE
		Bur	ial	11-16-8	4 G	arrisc	n F	orest			ngs	Mil1		, and
2		NERAL DIRECT		ADDRESS				25a.	DATE REC'D.		356. REG	ISTRAR'S S	IGNATURE	4
			March	F/H 1101	E	North	Ave	N	UV 14	1984	1: has	Davidsor	n-Aandall	-
	-6.5			- 4			A V C			NW W	_			



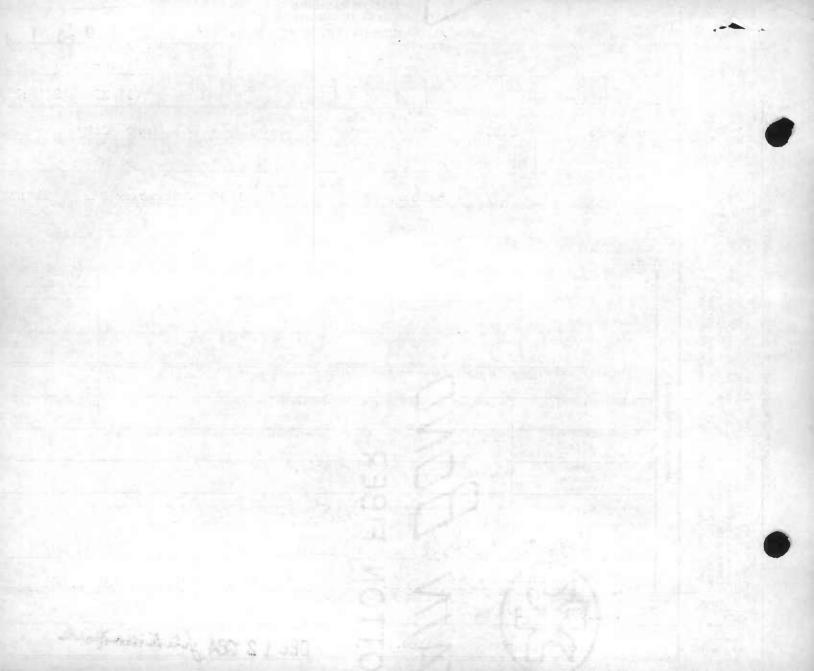


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III CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   120 USUAL RESIDENCE (IF NURSING-HOME OR OTHER HISTITUTION, OVE RESIDENCE EFFORE ADDRESS)   120 STATE   120 USUAL RESIDENCE (IF NURSING-HOME OR OTHER HISTITUTION), OVER RESIDENCE EFFORE ADDRESS   120 USUAL RESIDENCE (IF NURSING-HOME OR OTHER HISTITUTION)   120 USUAL RESIDENCE (IF NURSING-HOME OR OTHER HISTITUTION   120 USUAL RESIDENCE (IF NURSING-HOME OR OTHER HISTITUTION   120 USUAL RESIDENCE (IF NURSING-HOME OR OTHER HISTITUTIO	25	1.	- STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	0 1 0
Male  Black  Male  Black  Marie Discrete Office Of			00/0				28. 1100K
Ja. BIRTHPLACE (STATE OF PORES) S.C. USA  WARRIED NOVORCED NOVORED NOVORCED NOVORCED NOVORCED NOVORCED NOVORCED NOVORCED NOVORCED		3. SE				63	
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIEE)  12. NAME OR OTHER INSTITUTION OF BUSINESS OR  13. LOUNTY  14. FATHER'S MADE  15. MOTHER'S MADE  16. WAS DECLEASED EVER IN U.S. ARMED FORCES?  16. LAST  18. CAUSE OF DEATH Enter only one couse per long for (c), (b), ond (c).  17. INFORMANT  ADDRESS  18. CAUSE OF DEATH Enter only one couse per long for (c), (b), ond (c).  19. LOUNTY  19. L	÷77	7a. B	COUNTRY			9 BALTIMORE CITY OR COUNTY O	
USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 COUNTY  131 COUNTY  131 COUNTY  132 CITY OR TOWN  132 II INSIDE CITY LIMITS?  132 STREET ADDRESS  YESY  NO   812 E, 20th St, 21218  14 FATHER'S NAME  INDIE  15 MODIE  15 MODIE  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  18 CAUSE OF DEATH (Enter only one couse per limes for (cl), (b), and (cl.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c)  190 DATE OF OPERATION  191 DATE OF OPERATION  192 LAST  194 DATE OF OPERATION  195 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  216 HOW INJURY OCCURRED (enter NATURE OF POURY IN ITEM 18, PART I OR PART 2)  194 DATE OF OPERATION  195 TIME OF INJURY  195 DATE OF OPERATION  196 DATE OF OPERATION  197 DAY YES DAY  216 HOW INJURY OCCURRED (enter NATURE OF POURY IN ITEM 18, PART I OR PART 2)	O Oorified			(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
FIRST MIDDLE LAST  TO SEPH  Brown  16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 216 - 18 - 9618 Marie Lomax 812 E. 20th St.  18 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c). 18 - 9618 Marie Lomax 812 E. 20th St.  18 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c). 19 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF PART I. DEATH WAS CAUSED BY:  19 Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  19 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c). 19 DUE TO, OR ALA CONSEQUENCE OF  19 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c). 19 DUE TO, OR ALA CONSEQUENCE OF  19 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c). 19 DUE TO, OR ALA CONSEQUENCE OF  19 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c). 19 DUE TO, OR ALA CONSEQUENCE OF  19 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c). 19 DUE TO, OR ALA CONSEQUENCE OF  19 DUE TO, OR ALA CONSEQUENCE OF  19 DUE TO, OR AS A CONSEQUENCE OF  19 DATE OF OPERATION 19 D. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 20 D. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW IN JURY OCCURRED (ENTER NATURE OF NATURE	ed wast be	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS? Ore YES NO [	812 E, 20th St	, 21218
(YES, NO OR UNKNOWN)  YES  216-18-9618 Marie Lomax 812 E. 20th St.  18 CAUSE OF DEATH (Enter only one couse per laws for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR ANA CONSEQUENCE OF  Canditions, if any, which gove rise ta immediate cause (a), stating the underlying cause lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  210. CONTRIBUTION DAY YEAD  211. ACCIDENT WAS UNDERLYING  210. CONTRIBUTION DAY YEAD  211. ACCIDENT WAS UNDERLYING  211. ACCIDENT WAS UNDERLYING  211. ACCIDENT WAS UNDERLYING  212. ACCIDENT WAS UNDERLYING  213. TIME OF INJURY ADDITION FOR WHICH DAY YEAD  214. HOUR AM MAINTH DAY YEAD  215. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTER 18 PART 1 OR PART 2)	oc exgmin		Joseph	Brown	Mamie	MIDDLE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO, OR ALA CONSEQUENCE OF  Canditions, if ony, which gove rise ta immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY HOUR AMMONTH DAY VEAD  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	medical		YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)			St.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO	ar other traumatic event,		PART I. DEATH WAS CAUSEI IMMEDIAT  Canditions, if ony, which gove rise to immediate cause (o), stating the	D BY: E CAUSE (0)  DUE TO, OR AVA CONSEQUE  (b)	NCE OF	, esophagus	4 /
	ws ony injury, o	IFICATION				200 AUTOPSY?   20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
	r Item 18 sho		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	1-0	Lad Lad
	VT: If Hem 21 i		above, ((we) (did) (did noi	) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF \_/	22c. DATE SIGNED
ATTENDING MEDICAL STAFF WILLIAM DIRECTOR DIRECTO	MPORTAN		W.B. Han	ids, Vo	Hospice, U	Inion Memorial Ho	p. Ball
above, pr (we) (did) (did not) view the body ofter death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR BOLD  120, PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR BOLD  121, PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR BOLD  122, ADDRESS  HOSPICE, Union Memorial Hosp. Bold			Burial	A	rrison Forest	VA Owings Mi	lls MD
above, proved (we) (did) (did not) view the body ofter death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIREC	2/80	24. 1		F/H 1101 E.	North Ave. No	ATE REC'D. BY REGISTRAR 256, REGISTRA	

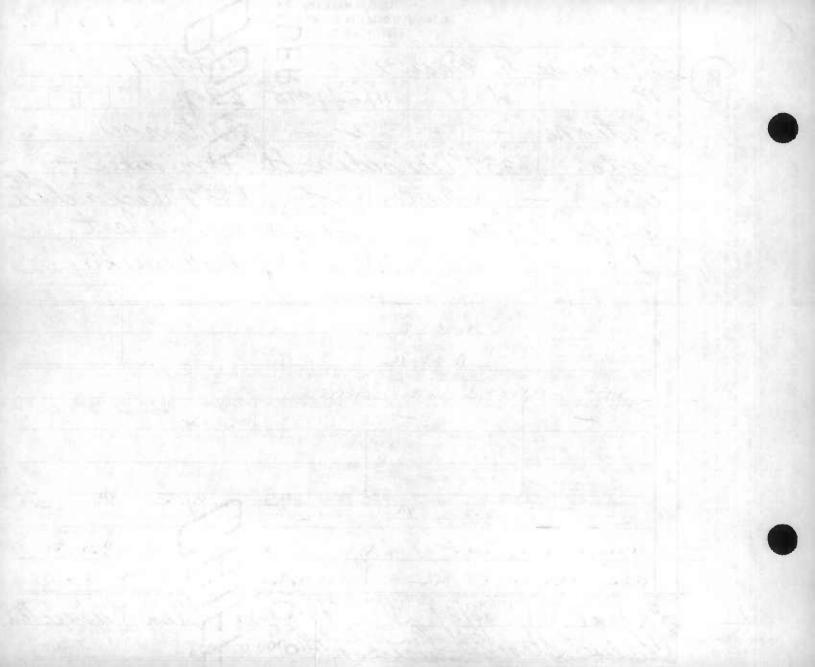


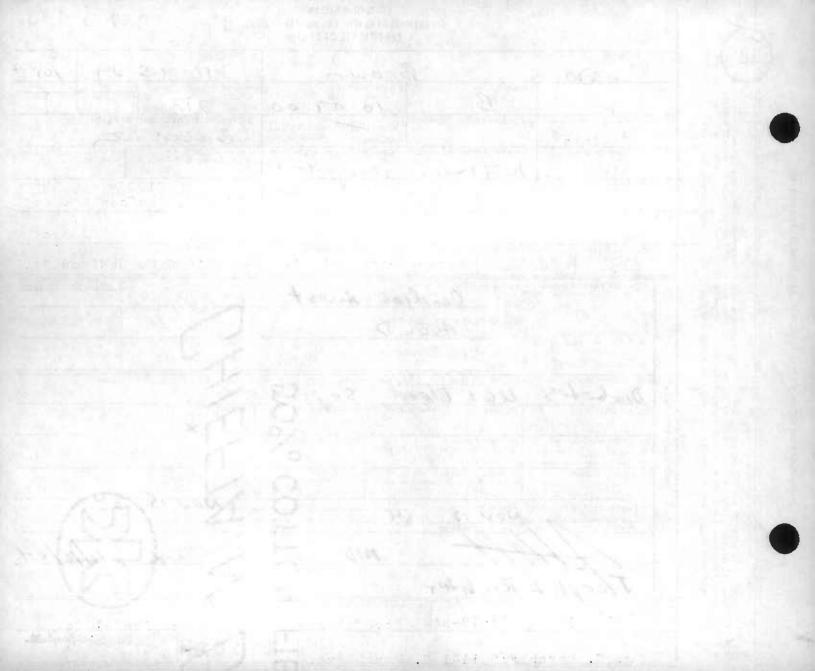
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1. DI	REGISTRAR ECEASED NAME YPE OR PRINT)	First Calvin	MED	MIDDLE	XAMINE	rown	AST	CATE		20. DATE I	REG. NO KNOWN X ESTI- MATED []		DAY YE	24.110
3 SE M 7a F			DATE OF BIRTH	YEAR 6	AGE (IN YEAR LAST BIRTHDAY	MONTHS		IF UNDE		2c. DATE PRONOUN DEAD		11/2 11/2	29 198 29 19	4 8410:
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)  Mary lande		U.S.			WIDOWE		DIVOR	CED	Ba	orecity of altimo	re C	City	
00	Baltimore	/	1. NAME OF HOSP (IF NOT IN SUCH FAC 8101 Swa	n Driv	ve		R INSTITU	TION		AOST OF WOR	ATION (TYPE (ING LIFE)	OF WORK	OR INDI	USTRY
3 130	JAL RESIDENCE (FINI STATE Md.	13b COUNTY	OTHER INSTITUTION, GIVE	13c. CITY O	DRIOWN	1	3d. INSIDE CI	NO [	15	30 N.	ss Stric	ker s	St.	212
G	FATHER'S NAME FIRST  GEORGE WAS DECEASED EVE		MIDDLE	LA COCH	Brown			ace	DEN NAME	M	ADDRESS		Harri	d
1	(YES, NO, OR UNKNOWN) Jnkn.	(IF YES, GIVE WA		215-	30-940				ewnmai	n 4111	Mountw	oodn		1229
TION		ing the <u>under</u> - ist.	(c)				DR CONDITIO	N GIVEN IN P	ART 1 (d).					
IFICATIO	19a. DATE OF OPE	RATION	196 CONDITI	ION FOR W	HICH OPERA	ATION WA	S PERFOR	MED?	T fr				20. AUTO	
MEDICAL CERTIFICATION	210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR	21b. TIME OF HOUR A.M. ATH P.M.		DAY YEAR	21c. HO	W INJURY	OCCURR	RED LENTER P	NATURE OF INJ	URY IN ITEM 18 P	ART I OR PAR	(7.2)	
MEDI		URRED OT WHILE D WORK	21e PLACE O STREET, FACTO	F INJURY DRY, FARM, ETC.		211. LOC 511	ATION REET			CITY OR TO	WN	cou	INTY	ST
7	22a 1 certify the death resulted fro ACTUAL SIGNATURE		af the remains desc	ribed abave		cide .	Hamio	PECIFY)	Undet	Inquiry ermined mo	nner [],	DATE SIGNEI		9/84
730.	EXAMINER'S NAM (TYPE OR PRINT)	Marga	arita A.		1,MD.		DDRESS_	111 DRY	23d. LC	CATION	et, Ba			
	Remo	val	12/8/84						REC'D. BY	ORTOWN	1 750. REGIS	COUN		STATE
3	An An	natomy B	oard	Bal	to., 1	Md.	0	EC 1	2 19	84 9	ulia Davi	distri	Contraction	



3. SEX  1. RACE  1. DATE OF BIRTH  1. ASKUL OF COUNTY OF DEATH  1. ASKUL O			FOR STATE REGISTRAR		MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH	REG. NO.	290	
The Britherace Country of Death    The Britherace Country of Death   The Country of Death   The Britherace Country of Death   The British of Death   Th	( NA	E	francis // -		wx LAST	11	135/8	4	b. HOUR
MARRIED   NEVER MARRIED   DIVORCED   DIVORCE	# 1	. SEX	n	4. RACE		- T17.000000	9yr. VES		COURT A
TO STATE OF THE PROPERTY OF TH	002 K	a. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED LI NEVER MARI	RCED	aitim	ne	
132 STREET ADDRESS ZIBORE   132 STREET ADDRESS ZIBORE   133 INSIDE CITYLININS   134 INSIDE CITYLININS   135 INSIDE CITYLININS   136 INSIDE CITYLININ	0 1	0. di	garto.	11. NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUT	TION 120 ASU	AL OCCUPATION  WORK FOR MOST OF WORKING  WHEN	LIFE) NOUSTRY	BUSINESS
MAS DICEASE EVER IN U.S. ARMED FORCES?   IBA SOCIAL SECURITY NO.   11 INFORMANT   ADDRESS	25	USVA 136 S	RESIDENCE (IF NURSING HOME OR 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV	13d. INSIDE CITY		et Address, ZIP (O	ichau	23/
AS DECEASE EVEN IN U.S. ARMED FORCES?  IN SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS	Soomine S	4 FA	DSUPA /	Hole In LAST	15. MOTHER'S MA	Herein	Moder	hert	
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190. DATE OF OPERATION  190. D	lury, or	Z	PART 2. OTHER SIGNIFICANT				ASE OR CONDITION G	IVEN IN PART 110	
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  P. M.  P	any	IFICATIO	90. DATE OF OPERATION			ED 20a A	IN CER	TIFYING CAUSES O	
270. I certify that (I) (this hospital) attended the deceased from 1984 and that in (my) (our) apinion death occurred on the date and hour and from the causes obove, (I) (we) (idid) (did not) view the body attended the DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2126 ADDRESS 121 WALL ST. BALFO, MD 2123	_		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	-			
sow the deceased alive an 10/22 19 84 and that in (my) (aur) apinion death occurred on the date and hour and from the cause above, (i) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIREC	rked or Ite	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		CITY OR TOWN	COUNTY	STAT
22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  WANGANG TOWN, M. D. PHYSICIAN DIRECTOR PHYSICIAN WALL ST. BALTO, MD 2123  MARLIANNE LA FEUER  1211 WALL ST. BALTO, MD 2123			saw the deceased alive on	10/22 19	ond that in (my) (our	19	urred on the date and he	, .,,	ot (I) (we)
MARIANNE LA FEUER 1211 WALL ST. BALTO, MD 2123	Ω 🛥		22b. SIGNATURE	Liter.	m. D. ATTE	ENDING MEDIC	AL STAFF OR PHYSICIAN	1/26 DATE SI	GNED 84
23st BURIAL CREMATION REMOVAL 13st DATE 20 23st NAME OF CEMETERS BIR REMATORS 1 23st 10CATION 1					27e ADDRESS	WALL ST	BALGO,	m9 21	130.
WILLIAM "TOOKEN CHOA TOTAL ON THE APPLIAN	3	The b	PIAL CREMATION REMOVAL	13k PATY 28/84 73k	HAME OF CEMETERY DIR FRE	MATORY 73H 10	CHON OF O	Bus	11/1

STATE OF MARYLAND





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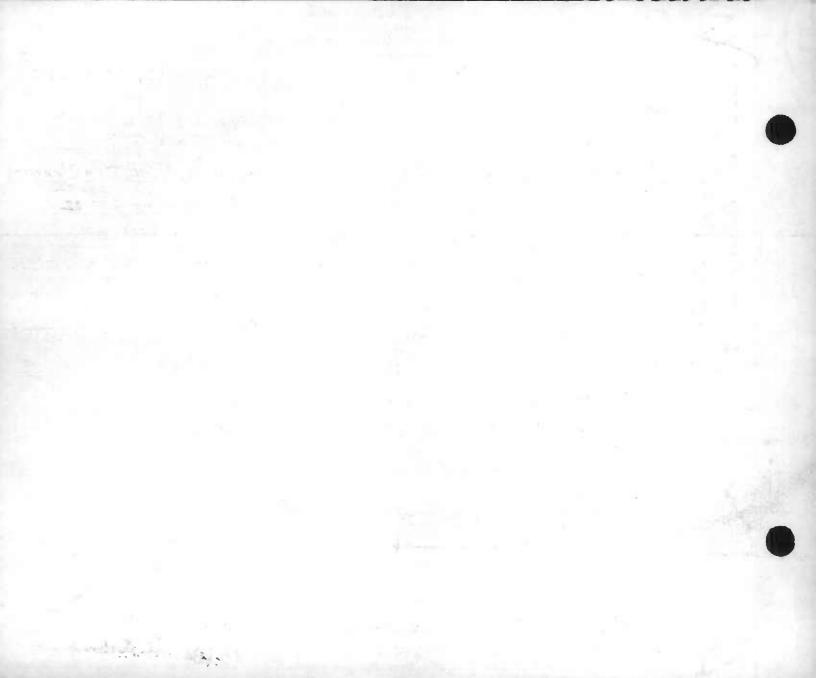
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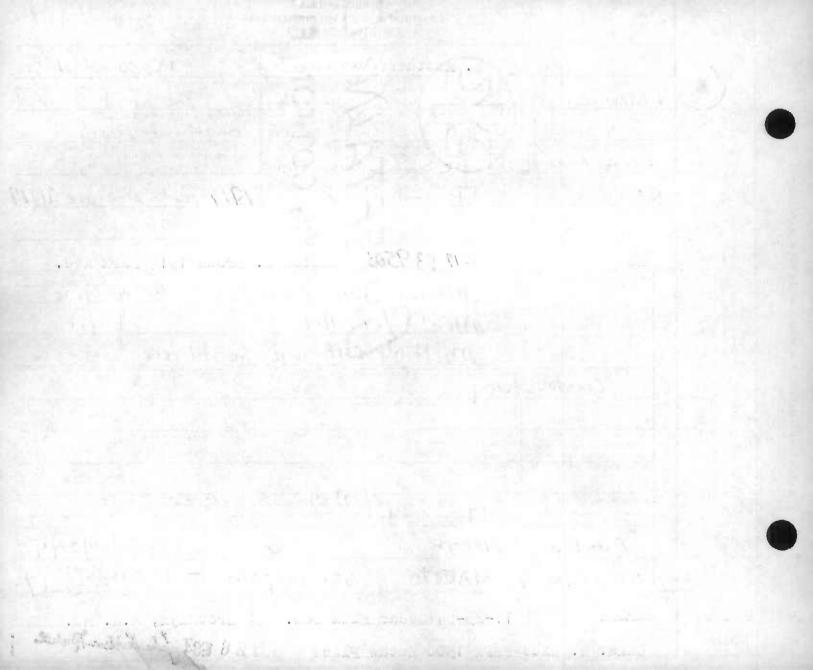
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02	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 4 2	9616
		CEASED NAME FIRST LIL	NA M.	BROWN	NOVEMBER 23,	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
ge 4 ma ector. po rs offer d	3. SE	x emale	4. RACE Negro	5. DATE OF BIRTH  6 2 1922		IF UNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
death. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY) Uth Carolina	76. CITIZEN OF WHAT COUNTRY U.S.A.	? 8. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE C	OF DEATH  ITY MD.
		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION OF ADDRESS) OPKINS HOSPITAL	120 USUAL OCCUPATION (170F OF WORK FOR MOST OF WORKING LIFE	
24 hours after and an analysis of the analysis of a filed when any the analysis of a filed when	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 136 CITY OR TOV Baltimo	WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1708 Guilford Ave	21202
ed within		ATHER'S NAME FIRST Charles	Williams	Julia first	ME MIDDLE Will	Liams LAST
Pogette Pogette		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RRMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 219–16–		spoon - 1708 Guilf	ford Ave. Balto
certificate b			anly ane cause per line for (a) (b), a SED BY: ATE CAUSE (o)	rdio Palmonay	Amest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24665
or the death c y the attendir se remotion, or cremotion, or other traumation		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	Verwhelming de	psis	24 his
Wiston In the law requires the system. It is to the permit Then pleas Hygiene prior to buriol, 18 shows any injury, or or or or the system of	CERTIFICATION	PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  (1/22/34  110, ACCIDENT WAS UNDERLYING	Nutritional 5 196. CONDITION FOR WHICE Perforated	DEATH BUT NOT RELATED TO THE TERA Jalo — Cachefic H OPERATION WAS PERFORMED VISCUS	200. AUTOPSY? YES NO 200. 200. PYES NO 200. 200. 200. 200. 200. 200. 200. 200	WERE FINDINGS USED I'MG CAUSES OF DEATH?
or ottending physical Autorial Parts in a certification of a service of the bring-transplant and Mental Hymorked or Item 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d IN JURY OCCURRED  WHITE NOTIFY WHITE AT WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION SIREET	RED (ENTER NATURE OF INJURY IN ITEM IS PA	COUNTY STATE
PITAL OR ATTENION OF THE NO SPITON OF TH			on 19 19 19 19 19 19 19 19 19 19 19 19 19		death accurred an the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSP	720	LOE DE LO		NAME OF CEMETERY OR CREMATORY	Broading At 11	75
BP	2.50	Specific Eurial	' '	Tolltus M. Denis	Bal: Maryla	and state

DHMH - 16 50M 4/83 (VRA 15, 4)

James A. Morton & Sons F.N. 1701-31 Laurens St.





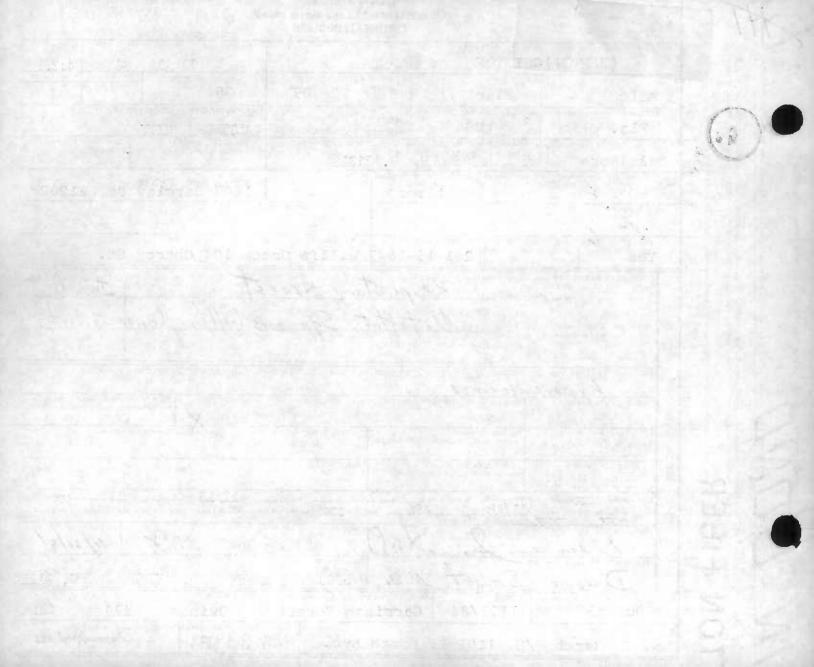
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(VRA 15, 4)

REGISTRAR

STATE OF MAKTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) A. AGE (IN YEAR LAST BIRTHDAY) IF UNDER TYEAR 3. SEX BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IKNOWN STATE OF MI COUNTY 21043 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3216 F Normandy Woods Drive Maryland Ellicott City Howard 15 MOTHER'S MAIDEN NAME MIDDLE SCHUSTER REDERIUK EKLGIN ADDRESS Philip T Brylke Sr. 3216 F Normandy Woods Dr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ARBIDPULLONARY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ENTRICULAR Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? SCHISE STENOSIS 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) aid (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be detch the State PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS IMPORT/ 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Cremation Westview Mem. Park Nov 16'84 Catonsville Balto. Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) Harry H Witzke 4112 Columbia Rd Ellicott Cityu

5:01 K/31/11 BALLINE OF THE SEC IS 18 18 YEAR Former Commenced 65 23 12 BATICIONE COTY THE GITY WELL STORY HOSE THE DISCHARD STATE OF THE 17 Juneoceph C. E SHIPPING the state of the state of FREE DEVELOPE THE CHESTER ! Mason This ANTHORNY THE STREET STREET, ST CAROLA PROMINER PROBLETS Version care and had grantered Martin Statemen Command And Statement 11/4 15 100/0 Vine some the grown D. P. JAPHOV

7 1	FOR - STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGIE ICATE OF DEATH	NE 8 4	2962
	ECEASED NAME PIRST PE OR PRINTS  Amelia	MIDDLE PLANTED TO THE PARTY OF	chwald	a. DATE OF DEATH A	ADNIH DAY YEAR 2b. HOUR  11-17-84 10:5  HOAY) IF UNDER LYEAR IF UNDER 2
	F	WHITE S. DATE O	11-29-197	86	MONTHS DAYS HOURS
70. B	BIRTHPLACE (STATE OF FOREIGN 76 ( COUNTRY) (F MARYTAND	CITIZEN OF WHAT COUNTRY? 8. MARRIES  WILDOWE	D NEVER MARRIED 3	BALTIMORE-CITY OF	MORE (C'TI)
Partition 3	BATTIMORE S	NAME OF HOSPITAL NURSING HOME OF HOPE IN SUCHE SCILITY, EIVESTREET ADDRESS)		20. USUAL OCCUPATION TYPE OF WORK FOR MOST OF SEAMSTRES	WORKING LIFE) INDUSTRY
130.	UAL RESIDENCE (IF NURSING HOME OR OTH STATE 12b, COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAME		ZIP CODE VENUE : 21206
200	FREDERICK	BUCHWALD	MARGAR	ETHA MIDDLE	KOHLER
	WAS DECEASED EVER IN U.S. ARMEE (YES, NO OR UNKNOWN) (IF YES, GIVE WA NO		VIRGINIA L.	ADDRES	21207 30 CHARLES STREE
r troumatic event, th	Conditions, if any, which gave rise to immediate couse (a), stating the	( APASO A	lmonary	ARRES	APPROXIMATE INTER- BETWEEN ONSET AND D
njury, or oth	underlying cause last.  PART 2. OTHER SIGNIFICANT CON	(c)	NOT RELATED TO THE TERMIN	al disease or cond	DITION GIVEN IN PART 11a
FICAT	1% DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATI YES NO
d or Item 18 tho	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	O (ENTER NATURE OF INJURY	r IN ITEM 18 PART 1 OR PART 2)
	214. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOV	VN COUNTY ST

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECT and be detached to think State Dept. of

ORTANT: II he

33s. BURIAL CREMATION, REMOVAL BURIAL 11-21-84 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

WOODLAWN CEMETERY

DEGREE

ATTENDING PHYSICIAN

23d LOCATION
CITY OF TOWN
WOODLAWN

MEDICAL STAFF DIRECTOR PHYSICIAN

BALTIMORE MARYLAND

22c. DATE SIGNED

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. DATE REC'D.

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M. O. Charleson Market and Commercial Commer Limithourn Landston Landston Commenced Contago his few Principal and all the and the second of the second o COLUMN CO The state of the s

STATE OF MARYLAND



FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Retired Silver 13. 6401 ADDRESS ZAP CODE Blvd. 21239 MIDDLE Lutz ADDRESS 6401 Loch Raven Blvd. Claire E. Buehler APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO TO NON 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (m) (aur) apinian death accurred an the date and have and from the causes stated 22¢ DATE SIGNED

STAFF MEDICAL

UNION MEMORIAL HOSPITAL

23d. LOCATION

24 FUNERAL DIRECTOR

Westview Memorial Park

Baltimore

COUNTY

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE in Daydoon- Handale

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore. Md.

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Upenation Nov. 99,1981 Testwier Newster Nork Maltimore 186.

leadart J. Luck, Inc. Baltimore, Md.

	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Pag
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	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	29623
	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE TO THE THE THE TOTAL TOTAL	LAS1	20. DATE OF DEATH MOI	/15/84 9:08A
-		LE E. BUFFINGTON	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDA	, ,,
3.	. SEX	4. RACE	MONTH DAY YEAR		MONTHS DAYS HOURS M
-	/ Female	Caucasin	6 2 1917	67	YRS.
24"	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR C	
64	Maryland	U.S.A.	WIDOWED DIVORCED		more City
	O. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
20	Baltimore		<u>Iospital</u>	Housewif	e Home
27 13	JOUAL RESIDENCE (IF NURSING HOME OF BOOK STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 13c. CITY OR TOW		13e,STREET ADDRESS / ZI	
22		alto. Catonsv			ndson Ave 2122
045	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
200	John	E. Erbe	Myrtle		Erbe
0 /	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
E	No	220-07-	-3575 Mr. Hugh E	Suffington	Same as #13
4	18 CAUSE OF DEATH (Enter )	only one couse per line for (a), (b), on	d (C).)		APPROXIMATE INTERVA BETWEEN ONSET AND DE
Ven	PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (D) CERED	RAL EDEMA		
ar ather tro	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	POST CRANIECTOM ENCE OF GLIOMA DEATH BUT NOT RELATED TO THE TERM		ON CIVEN IN PART I
Anolus					
up smou	196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
-1-1	OR CONTRIBUTING CALLES OF D		AY YEAR  19  21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
1	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STAT
orked or lien	WHILE NOT WHILE AT WORK	[AT HOME, SIREET, FACTORY, OFFICE, F	ARM, ETC )	CHI OKIOWI	
7 Z1 is morked as light	22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did in the company)	pital) ottended the deceased from	, 19, and that in (my) (our) opinion	to	, 19, that (I) (we
ii: II llem 21 is morked of them	220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did of 22b. SIGNATURE)	pital) ottended the deceased from_	, 19, ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN		, 19, that (I) (we ond hour and from the couses state
(RORTANT: If Item 2] is morked or lien	22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did in the company)	pital) attended the deceased from	, 19, ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS		
MORTANT: If Ben 21 is morke	22e   certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did received to the control of	pital) attended the deceased from	, 19, ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	to death accurred on the date  MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the causes states

Catonsville

NOV 16

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

Mac Nabb Funeral Home

retained by the hospital ar attending physicion.

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7	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES DE 1 09/02/19 6 2 4 CERTIFICATE OF DEATH 01 7768 REG. 130953 F D 3
		CEASED NAME FIRST	MIDDLE BULL November 12, 1984
3	3. SE		A RACE  S. DATE OF BIRTH.  MONTH  DAY  YEAR  O 9  O 9  O 9  O 9  O 9  O 9  O 9  O
35		RTHPLACE (STATE OR FOREIGN COUNTRY) nnapolis, Md.	76. CITIZEN OF WHAT COUNTRY? 8  MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED   DIVORCED X
Politied Control		Bottimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORK FOR
ed series	13e.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUR Md.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ITY    13 city or town   Baltimore   13d inside city limits?   13e.street address / zip code   5712 The Alameda Apt. C21239
S O O	14. F	ATHER'S NAME FIRST George	W. Jones  15. MOTHER'S MAIDEN NAME  FIRST  Maud Purdy  LAST
the medical	16a \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  E WAR OR DATES)  214-01-77 68 Mrs. Herbert B. Norris 5718 The Alameda -39
ry, or other traumotic			DUE TO, OR AS A CONSEQUENCE OF ACUTE PLYO COLDIAL  DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
or Item 18 shows any injury.	CERTIFICATION	SI FUR) HIS CA	Court & Hyste closely - Radiation Theory, JDDM.  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
ked or Item 18 s	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. NJURY OCCURRED  WHILE NOT WHILE ALL WORK ALL WORK	TH HOUR A.M. MONTH DAY YEAR
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IMPORTANT: H	22	SHAHIDA	SIDDIOI Good Saintoran Hosp.
_		BURIAL, CREMATION, REMOVAL	11/14/84 Moreland Memorial Baltimore, Md.
4/B3		uneral director I <b>TCHELL-</b> WI EDEF F	T.D. HOME. INC. 6500 York Rd. 1014 A 7 4004 Sule Davidson Randelle

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. SEX   Male   Black   5. DATE OF BRITH   DAY   TAM   TO   TAM   TO   TO   TO   TO   TO   TO   TO   T	ı	{TYPE			E. 1	Burge	r			11	11 84	M
Male    Black   7 9 1909   75   785	ı	3. SE X				5. DATE C	F BIRTH	-	GE (IN YEARS LAST 8H	(YAGHTS		IF UNDER 24 HRS
Va   US A   WOOMED   DNORED   Baltimore city   WOOMED   DNORED			Male	Blac	k	7 MONTH			7.5	YRS.	MONTHS DAYS	HOURS MIN.
18. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NUISING HOME OR OTHER INSTITUTION   12. USUAL OCCUPATION   13. KIND OF BUSINESS   15. MODITION   13. MODI				N 76. CITIZEN OF	WHAT COUNTRY?	8.	NIEVED AS ADDIE	9. B				
Balto.   In City or town of Death   In Name of Hospital, Nuesing Hospital (up of Service Service)   In County	3			US	Α				Baltim	ore	city	MD
136. STATE   136. COUNTY   136. COUNTY   136. STATE   1				I IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)						F BUSINESS OR
Edd  Burger  Malinda  Calloway  ADDRESS  Idd WAS DECEASED EVER IN U.S. ARMED FORCES?  If yes, MO DE UNEXNOWN)  If yes, MO DE UNEXNOWN DECEASED EVER IN U.S. ARMED FORCES?  If yes, MO DE UNEXNOWN DECEASED IN SOCIAL SECURITY NO.  If yes, MO DE UNEXNOWN DECEASED IN SOCIAL SECURITY NO.  If yes, MO DE UNEXNOWN DECEASED IN SOCIAL SECURITY NO.  If yes, MO DE UNEXNOWN DECEASED IN SOCIAL SECURITY NO.  If yes, MO DE UNIX REPROVED SECONDS  CONDITION, Which Conditions, if only, which gover rise to immediate couse (a), stoling the underlying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  UNderly MOLECAL STAFF OR THE YES OF DEATH OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART TO  DECONTRIBUTION OF COURSED IN STREET FACTORY, OFFICE FABOR, ETC.)  If yes and the deceased from the UNIX PART OF THE YES OF DEATH OF THE YES OF	5		STATE 13b. C		13c. CITY OR TOW	N					2 1 2 1	
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18 CAUSE OF DEATH (Enter only one couse per Respiratory arrest   Seconds					225-14-	5627	Margaret	Bur	ger 54	5 N.	Carey	St
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23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	_	23a B	L									
Burial 11/15/84 Mt Auburn Cemetery Baltimore Mdan			(SPECIFY)						CITY OF TOWN	ore	COUNTY	M date

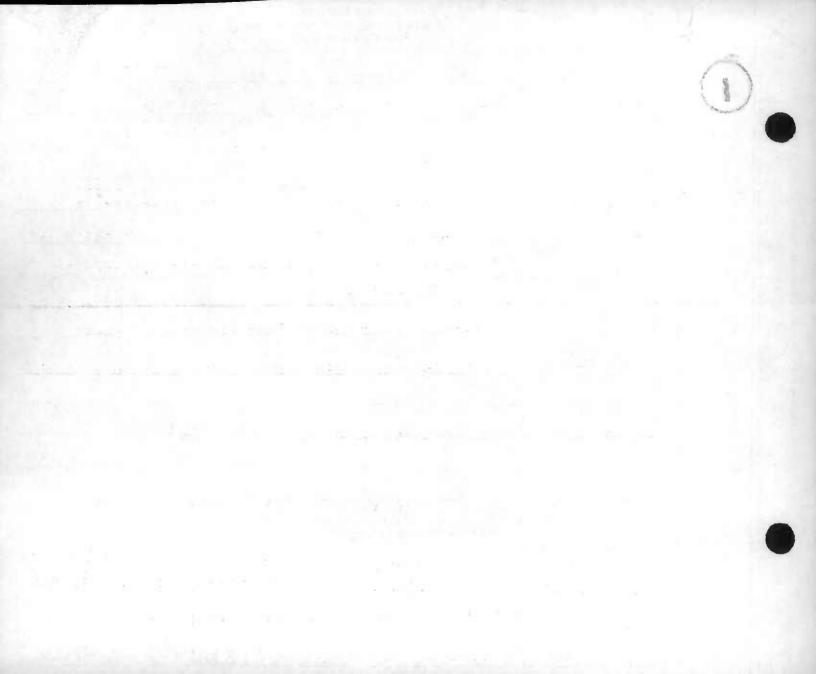
DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR 1101 E. North Ave. C Marbh F/H

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REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR

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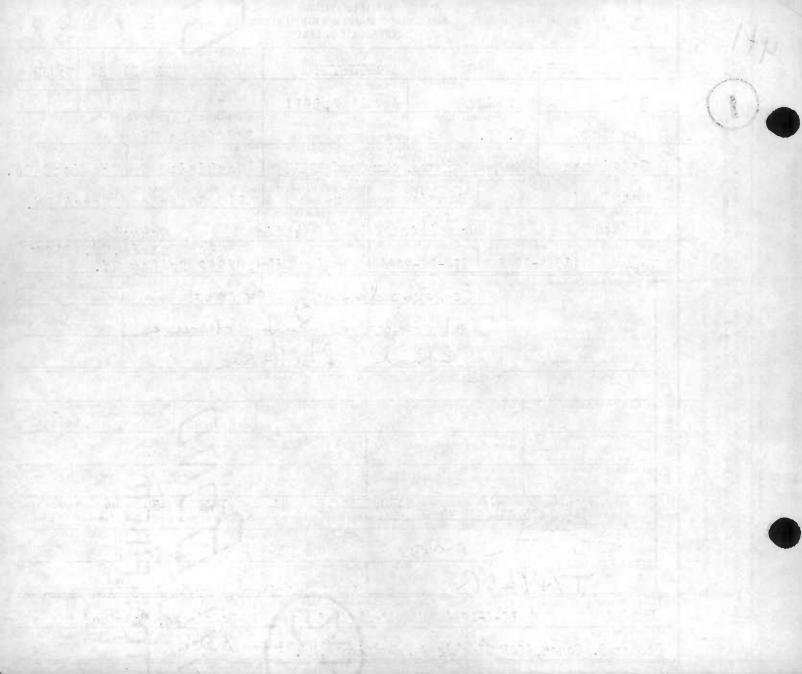
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(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

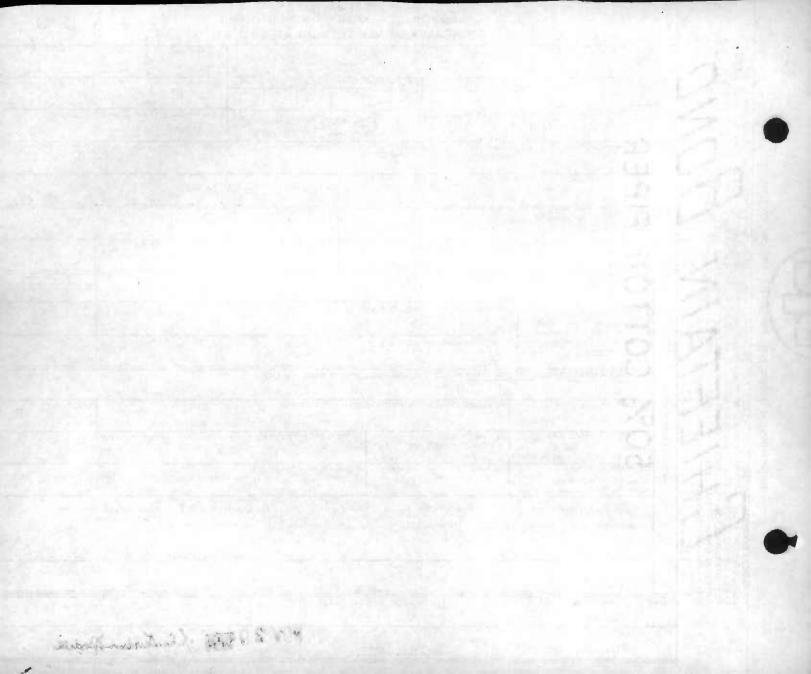


& Son 2818 E. Baltimore

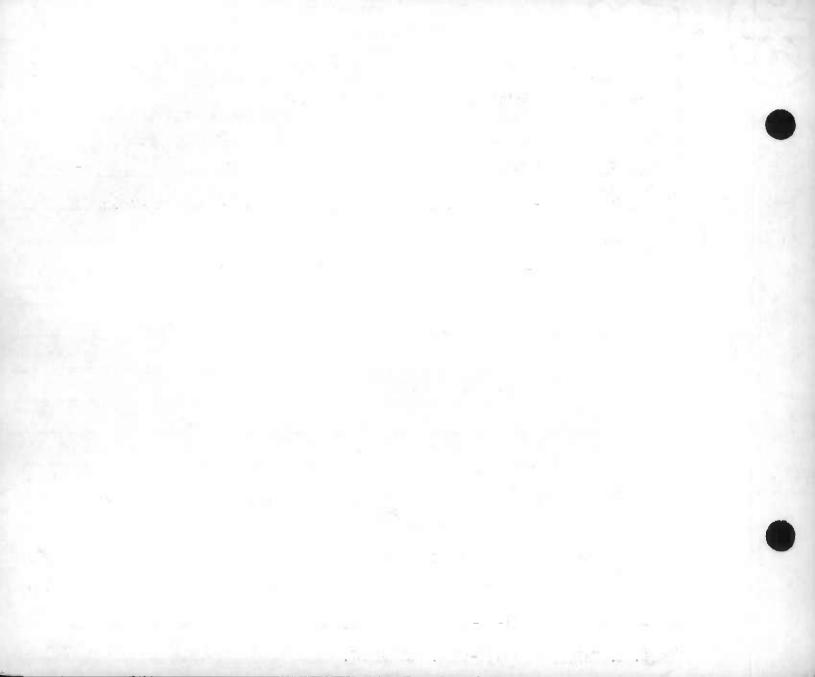
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ofter the f od with		TY OR TOWN OF DEATH	11. NAME OF HOSP  (IF NOT IN SUCH FACE)  BOND			OSA.	ITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWIF	OF WORKING LI		F BUSINESS OR
24 hour illed in ould be	USUA 13a. S	ALRESIDENCE (IF NURSING HOME OR TATE 13b. COUN	VTY 13c. (	ESIDENCE BEFORE A CITY OR TOWN ALTIMOR		7	NO 🗌	13e STREET ADDRESS			1223
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on ond s. Poges		VAS DECEASED EVER IN U.S. AR (155, NO OR UNKNOWN) (14 YES, GIN	/E WAR OR DATES)	SOCIAL SECUR	IIY NO.	LUCY M				AVENUE	MATE INTERVAL
requires that the death certificate is signed by the attending physici. Then please remove carbonpaper to buriol, cremotion, or removal. injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A  (c)  CONDITIONS CONTR	A CONSEQUEN	oca ICE OF	Clucary,	reate TO THE TERM		MOITION GIV		·
n. nos be permit ne prit	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH C	PERATIO			200 AUTOPSY?	IN CERTII	S, WERE FINDIN FYING CAUSES S []	IGS USED OF DEATH? NO
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TO HOSPITAL TO FUNERAL should be det with the Stote			anras			70 U	1 We	chengton 1	Blud	Batty,	MAZIZ
BP	(	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE  11-13-84			EMETERY OR C	METERY				STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FL	INERAL DIRECTOR NAME E. L. PHILLIPS	1721-2	ADDRESS 7 N. MO	NROF	ST.	250 DAT	9 1084	RYSh REGIS	TRAR'S SIGNAT	TOTAL TOTAL



DHMH - 16 50M 4/83

(VRA 15, 4)

## STATE OF MARYLAND

	1 -	STATE	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENER 4 2	90	5 2
		REGISTRAR FRANE P.	BURY	CEKITI	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST OR PRINT) FRA	NE P.	BU	1RU	20. DATE OF DEATH MONTH	DAY YEAR	3:49 PM
	3. SEX	REMALE "	White	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)  G S YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
5		RTHPLACE (STATE OF FOREIGN 16 COUNTRY)  Maryland	CITIZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED .	9. BALTIMORE CITY OR COUNTY BATTIM	OFDEATH	CITYMD.
8	-	BALTIMORE	NAME OF HOSPITAL, NURSING HENOT IN SUCH FACILITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION ULAWD HOSP.	120 USUAL OCCUPATION (TYPE PEWORK FOR MOST OF WORKING LI) Packer	EE) INDUSTRY	S CO
5	130. S	AL RESIDENCE IN NURSING HOLE OR OTH STATE AMLAND ALCOUNTY	13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS? YES NO 🛣	337 W. Arund		21225
2	11/	erbert MIDI	Ambros		Mary Mary	WIDDLE	Phil	lips
2		VAS DECEASED EVER IN U.S. ARMÉI YES, NOORUNKNOWN) (IF YES, GIVE W		18397		lto. ADDRESS 2 335 W. Arund		
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y ART	Hyx	1ATTON		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
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		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	ous cer			6 mos
	NOI	PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIV	/EN IN PART 1:	0
2	TIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDI FYING CAUSES ES	
9	CAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM T8	PART I OR PART 2)	
	MEDIC	21d. IN JURY OCCURRED  WHILE NOT WHILE ALWORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE

that (I) (we) last

22a.1 certify that (I) (this hospital) attended the deceased from, 84, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

DEGREE 226. SIGNATURE NO ATTENDING PHYSICIAN MEDICAL DIRECTOR

22e ADDRESS 22d PHYSICIAN'S NAM

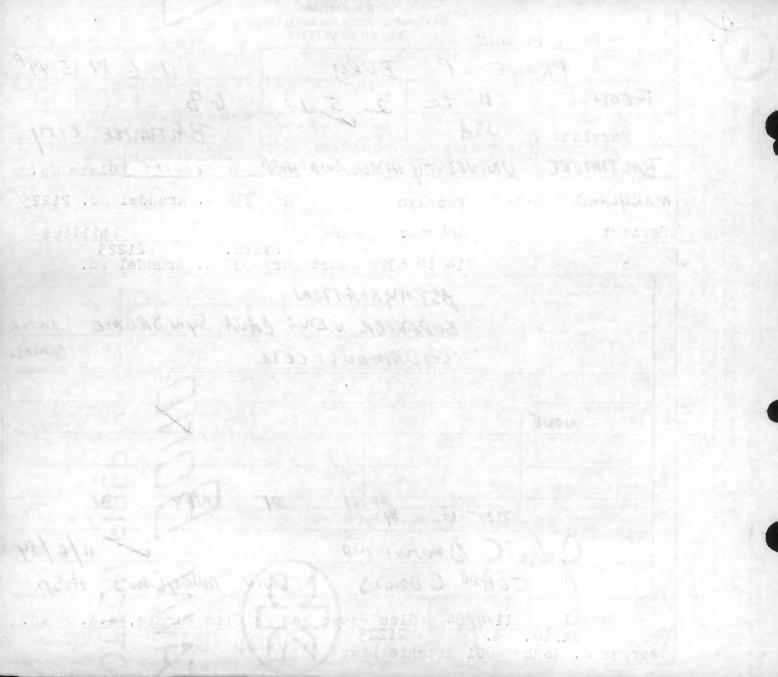
23d LOCATION 230. BURIAL, CREMATION REMOVAL 236. DATE (SPECIFY) /84 Glen Haven Mem Glen Burnie, A.A.

24 FUNERAL DIRECTOR Balto. Md.

J. Gonce 4001 Ritchie Hgwy George

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1984

Md.



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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR	E STRAR					MENTAL HYG DEATH	REG. N		9 6	3 4	4
Ì		EASED NAME	D NAME FIRST MIDDLE PEGGY LAVELLE 4 RACE 5.				AST		20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOU	R
1	(	PI	PEGGY LAVE  4 RACE  WHITH  PLACE (STATE OR FOREIGN TO CITIZEN CORP)		LE	BUII	ER		NOVEMBER	17, 198	84		M
1	3. SEX		4	RACE		5. DATE C			6. AGE (IN YEARS LAST BE		FUNDER LYEAR	IF UNDER:	24 HRS MIN.
ı	F	FMALE		WHITE		JUNE		1925	59	YRS.	ONTHS DATS	1100KS	Mily.
1	C	RTHPLACE (STATE OR OUNTRY) TABAMA	FOREIGN 76	U.S.A	WHAT COUNTRY?	MARRIEDA NEVER MARRIED			9. BALTIMORE CITY OF	OF DEATH			
4		Y OR TOWN OF DEA	ATH I		OSPITAL, NURSIN	WIDOWE G HOME C		DIVORCED [	120 USUAL OCCUPAT		12b. KIND C	OF BUSINE	MD.
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	130. S	OSCAR A.  WAS DECEASED EVER IN U.S. ARME			13c. CITY OR TOWN BALTTMOE	TIMORE   13d INSIDE CITY LIMITS?		13e STREET ADDRESS 2710 ARBU					
)				AR A. MA		TIN EASTER		SAVANNA		MCKINNEY			
	16a W				16b SOCIAL SECU	RITY NO.	17 INFORA	MANT	ADDR	ESS			
	Ŋ	O	(IF TES, GIVE	WAR OR DATES	243.40.53	318	SCOTT	THOMAS	SAME AS	13e			7.0
		Conditions, if any gave rise to im cause (a), static underlying cause	mediate ng the	(b)	R AS A CONSEQUE  SWW 6  B AS A CONSEQUE  A MUNITOR	ether	exter	tu des	eau rela	fed			
		PART 2 OTHER SIG	NIEICANT CO	NOITIONS CO	NIRIBITING TO	DEATH BUT			AINAL DISEASE OR COM		N IN PART 1	IO!	
	Z	10060	A LAL A				e die		III THE DIGENGE ON CO.				
>	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH				200 AUTOPSY? YES □ NOX	IN CERTIFY	WERE FINDS		TH?
?		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IL ELIHER NOTEY MEDICAL EXAMINER) P.M.		M. MONTH DA	AY YEAR	21t. HOW	INJURY OCCUR	RED (FNTER NATURE OF INJ	URY IN ITEM 18 PA	ART I OR PART 2)			
	MEDICAL	21d INJURY OCCUR	HRE []	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211. LOCA STR		CITY OR T	OWN	COUNTY	S	STATE
		220.1 certify that (I saw the decease abave (In)(we) (	sed alive on	guly ,	28 19	84.0		y (our) apinian	death occurred an the	date and haur	and from the	6	e lost ated
		22b. SIGNATURE	Alin	Beile	ry		DEGREE .	ATTENDING PHYSICIAN [	MEDICAL STA			19/19	)84
		224. PHYSICIAN'S N	AME (TYPE OR	PR(NT)	0		22e ADDR	ESS				4 70	1718
		H FRANK	LIN HE	RIONG	MD		I TOHN	S HOPKTI	VIS HOSD B	POADATA	V PAT	TO	MD

230. BURIAL, CREMATION, REMOVAL CREMATION 236. DATE 11/19/1984

GREEN MOUNT CREMATORY

23d. LOCATION
CITY OR TOWN

BALTIMORE

MARYLAND

WALTER BROOKS BRADLEY INC., BALTO MD. 21222

BY REGISTRAR 28 REGISTRAR & SIGN PROPERTY

DHMH - 16 50M 4/B3 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept, of Health and Mental Hygiene prior to by TO FUNERAL DIRECTOR. After this certificate has been

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IMPORTANT: If Hem 21 is

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STATE OF MARYLAND

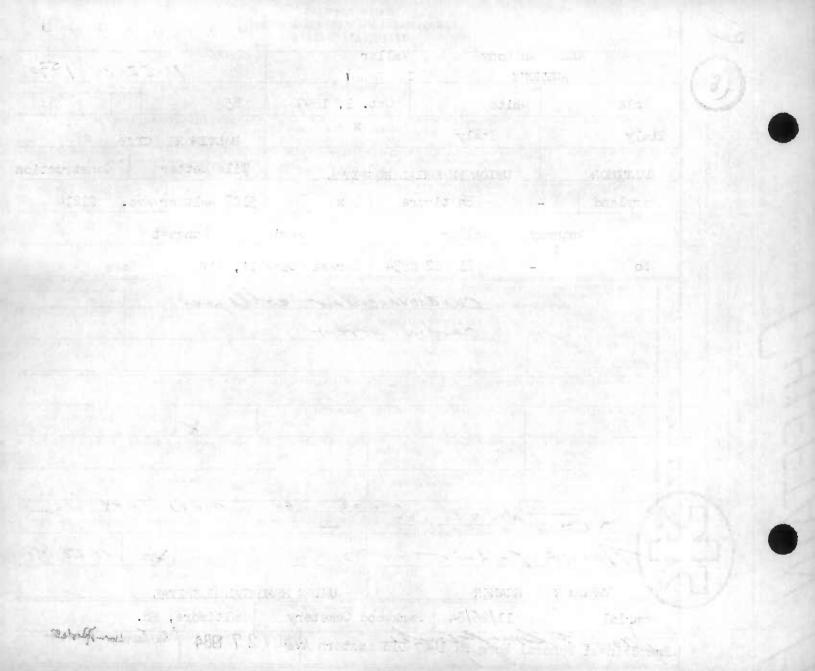
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-	1-	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO			8
1		CEASED NAME ANAST	Anthony	AIDDLE	Valla		20. DATE OF DEATH	VAD HINDM	YEAR 2b HO	SZ
)	3. SE)		HONY A RACE White		5. DATE C		6. AGE (IN YEARS LAST BIRT		NDER I YEAR IF UNI	DER 24 HRS
3		RTHPLACE (STATE OR FOREIGN OUNDRY)		what COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED D	9. BALTIMORE CITY OF BALTIMOR	R COUNTY OF		MD.
14 Feed		TY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUC)	N MEMORIA	AL HOS	SPTTAL	(TYPE OF WORK FOR MOST OF TILE Sett	ON F WORKING LIFE)	Constru	
35	USU/ 13a. S	LESIDENCE OF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION.  JINTY	Baltimor	ADMISSION)  P	13d INSIDE CITY LIMITS? YES MO []	13. SIREET ADDRESS / 5102 Walth	ZIP CODE er Ave.	21214	+
Se DC	14. FA	THER'S NAME FIRST Antho	ny V	allar		15. MOTHER'S MAIDEN NAM	Mung		LAST	
medical		VAS DECEASED EVER IN U.S. A (IF YES, G	RMED FORCES?	218 22 8		Teresa Campe	ADDRE	-	ıme	
ijury, or other tro	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	lc)	R AS A CONSEQUE		NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	DITION GIVEN	IN PART Ita	
shows any ir	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS U G CAUSES OF DE NO	
ked or Item 18 sho	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE SOURCE AT WORK	P./ 21e PLACE (	M. MONTH DA M.	19	21t. HOW INJURY OCCURS 211. LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2}	STATE
m 21 is mor		220.1 certify that (I) (this has saw the deceased live a above (II) we Luid (III of 22b. SIGNATURE			54_, or	22, 1984 and that in (my) (aur) apinion of	, to NOVZ death accurred on the da			
F. F.		22d. PHYSICIAN'S NAME (TYPE		Eme-	n	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		11-22	
IMPORTANT: II		THEODORE	KRAME	R		UNION MEM	ORTAL HOSPT	TAL		

DHMH - 16 50M 4/83

(VRA 15, 4)



				STATE OF MARYLAND		0.00
1		1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	0 1 6 /	6 3 9
V	R)		CEASED NAME FIRST	MIDDLE LAST	REG. NO.	DAY YEAR 26. HOURS
1			BETTY	ACE (S. DATE OF BIRTH	NOU: 16,19	S G AM
	ector.	3. SE	-emale	Negroid Month DAY YEAR		AONTHS DAYS HOURS MIN.
	oth. Por	7a BI	RTHPLACE (STATE OR FOREIGN PLACE)	CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED WIDOWER DIVORCED		OF DEATH
	the fun	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE	176. KIND OF BUSINESS OR INDUSTRY  HOSPITAL
10 2 1 2 0	24 hours	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR O	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS  PAITIMORE  YES PNO		
ARYLAN	pletely fi nd 2 shou	14. FA	THER'S NAME	AN LAST WATERS 15 MOTHER'S MAIDEN		DADIA
MORE, M	Pages To		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE)	FORCES 166. SOCIAL SECURITY NO. 77 INFORMANT	D ADDRESS 310	DO PK. Dr.
, BALTIA	thysician popers. P naval. ent, the m		PART I, DEATH WAS CAUSED	ine cause per ling far (a), (b), and (c). ADDECT RELLEY	ENED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS N	ding p orban or rem		IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF D	- `	
PRESTON	death ce attendin nave corb ation, ar-		Conditions, if any, which gove rise to immediate	16) Hypo ou cemic KEAC	CT107V	
W.	d by the lease remind, crema		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF MELLITUS		1958-1984
RDS, 20	equires n signed Then pla r to buniq injury, a	NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIV	EN IN PART Ita
L RECO	no.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \bigcap \)
OF VITAL RECORDS	CIAN: The physicic pertificate of-transit intol Hygin	ICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2}
NOIS	PHYSI rending this ce the buri nd Mei	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE NOT WHITE	P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	1/A CITY OR TOWN	COUNTY STATE
20	SK: After Use as the Health a	1	22a.1 certify that (1) this haspita	11 11 911 -	82 to 11/15	1987, that (I) we lost
	OR ATTE e hospitt DIRECTO oched for Dept. of f Hem 21	1	sow the deceased after an above, (1) ((ve) (did) (did nat)	ew the body after death.	ian death occurred on the date and hour	22c. DATE SIGNED.
	by the by the by the by the ERAL State ANT: I		EN PHY HOLAN'S NAME (TYPEOR	ATTENDING PHYSICIAN IN 122e ADDRESS 37 OF	U DIRECTOR PHYSICIAN	11/16/87
	TO HOSPITA etained by TO FUNER should be d with the Sta		MELVA	J. BROWN, M.D. BALL	TIMORE, MARYLAN	NO 21211
	BP	23a. I	Bural Bural	236. DATE  11-21-84 Crownsville VH	1. Crownsv//	COUNTY MASTATE
DH	1MH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR	ac 1/ 3CODRESS / Road 220 /	DATE REC'D. BY REGISTRAR 256, REGISTI	RAR'S SIGNATURE
	[VKM 13, 4]	1 6	11111111111	- V // C) - I // V) // KICIUUCC //	- NUT LAMON	"UVI CL/YEN/L [/TCLANCEA SICE_

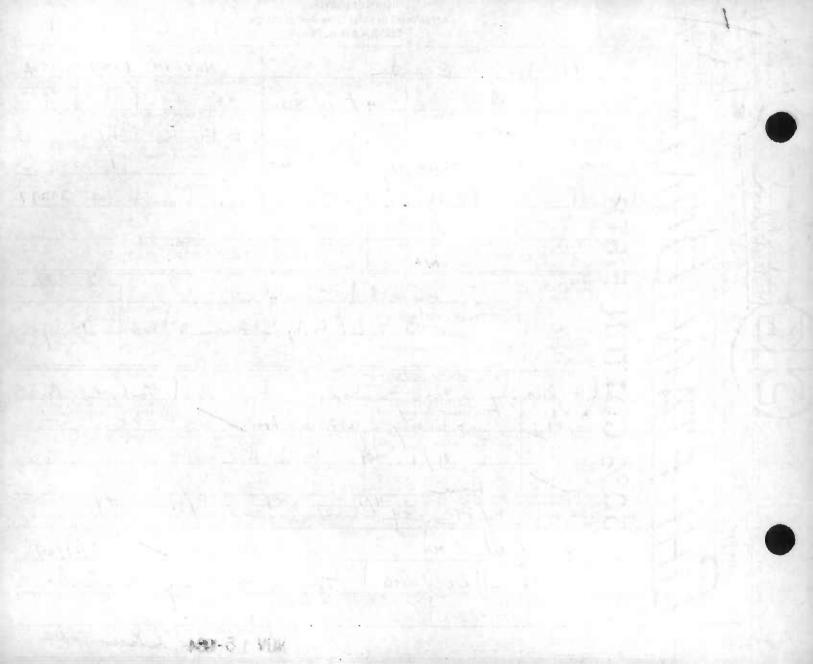
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Province Celebrate Hills by order year admonth from acres , a cutter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR (THE OR PRINT) Alberta Now 12:55 anene 1. 5EX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH YEAR TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Virginia USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME CALOTHER INSTITUTION 12g USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Scott JOUAL RESIDENCE (IF NURSING HOMP OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY, OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21217 NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Marshall MIDDLE Bailey LAST Mary Thomas ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATEST Dianah Kimble 125 N. Coluin Apt.1-E N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY DIDITION FOR WHICH OPERATION WAS PERFORMED 3/44 Tracher sterre IN CERTIFYING CAUSES OF DEATH? YES [ NO NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH & DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1. STORET CITY OR TOWN ked 220.1 certify that (1) (this haspital) attended the deceased fram. that (1) (we) last saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) (our) opinion death accurred an the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAL MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld be RILEY Shoul with 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION COUNTY Burial 11-19-84 Balto, Cem Baltimore Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 1 5 1884 May Davidson - Horselle 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 **ADORESS** (VRA 15, 4) March F/H1101 E. North



Oakland, Md. 21550

FOR

REGISTRAR

Durst Funeral Home

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

A STATE OF THE PARTY OF THE PAR and the second level to be \$2, a possession of The state of the s

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

- STATE

DHMH - 16 50M 4/B3

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO.

7h HOUR

12h KIND OF BUSINESS OR

21224

unknown

Restaurant

IF UNDER 24 HRS HOURS

84

IF UNDER 1 YEAR

INDUSTRY

COUNTY

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

22c DATE SIGNED

STATE



OFTANT: If them 21 is morked or frem 18 shows any injury, or other traumatic event, th

STATE OF MARYLAN	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		8	4	1
		REG.	N	<b>o</b> .
DATE	OF	DEATH		MONTH

	1 -	STATE REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	10.	2 0	,			
1		CEASED NAME FIRST		MIDDLE	ŀ	LAST	C. 5 1	20 DATE OF DEATH	MONTH	DAY YE'R	<b>В</b> нол	4		
1		LLEWI	ELLYN		CARI	EY		THE PARTY OF THE P	3, 19		2:44a	1		
	3. SEX	Male	1. RACE Bla	ck	5. DATE C		845	6. AGE (IN YEARS LAST B	YRS.	MONIHS DAYS	HOURS MIN.	-		
		RTHPLACE (STATE OR FOREIGN COUNTRY) Balto, Md.	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE		MARRIED X	9 Baltimore City Baltimore	_		MD			
3	10. CI	TYOR TOWN OF DEATH  1timore	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (LIFE) INDUSTRY						
4	130. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUI	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 130. CITY OR TOW Balto	ADMISSION)	13d. INSIDE	CITY LIMITS? NO [] 'S MAIDEN NA			Ave,21		_		
Ü		Alphonso	WIDDIE	Carey		+	ebecca		2500	Colen	nan			
7		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIP Yes	MED FORCES?	166 SOCIAL SECU	RITY NO.	Anni		y 2431 Ca		Ave.				
	NOI	Conditions, if ony, which gove rise to immediate couse (o1, storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE  **Bleeding**  R AS A CONSEQUE  **DITTRIBUTING TO C	g Es				NDITION G	IVEN IN PART 1	(0	=		
1	IFICATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND FIFYING CAUSE YES **		-		
9	MEDICAL CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA M.	AY YEAR			RED (ENTER NATURE OF IN						
	MED	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		21f LOCAT STREE		City OR 1	'OWN	COUNTY	STATE			
,		270.1 certify that (X (this hosp saw the teceased alive or above, X (we) (did) (XXX) 275. SIGNATURE	Novem (1) view the body  DO V  DR PRINT)	her 13,9 ofter death.	84.0	DEGREE  27e ADDRE	ATTENDING PHYSICIAN [ SS	no Novemb death accurred on the MEDICAL ST. DIRECTOR PHYS	AFF	22c. DAT	, that (X (we) lost e couses stated E SIGNED	_		
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		9-84 23c. N		EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	Md.			
		UNERAL DIRECTOR NAME  Wm. C. March		ADDRESS				V 1 4 1984	R 25b. REGIS					

DHMH - 16 50M 4/83 (VRA 15, 4)

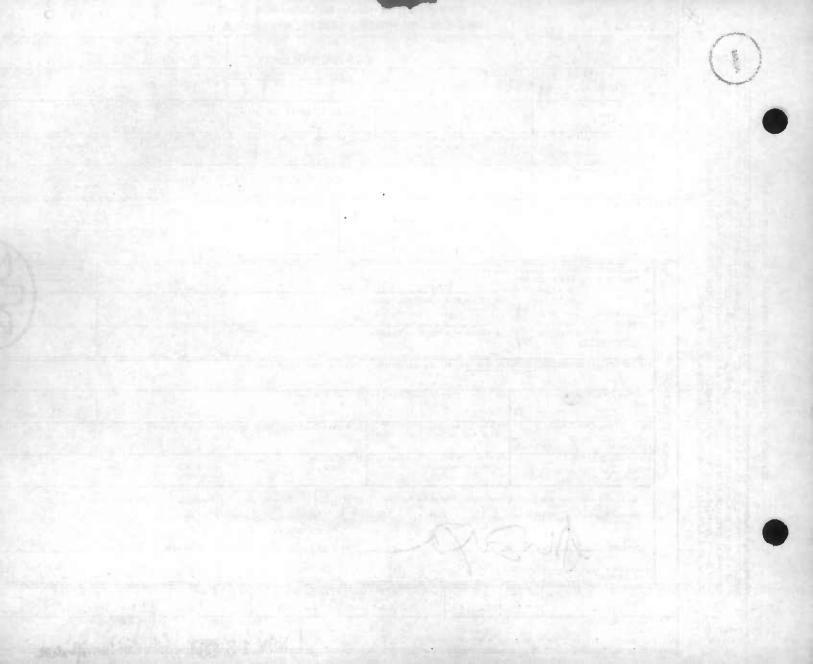
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR L DECEASED NAME 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-11-1519 84 Dennis Craig Carlotta 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 6:40 p. M Male White April 24. 69 15 DEAD 11-15 19 84 Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, U.S.A. Maryland WIDOWED [ DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore Student University Hospital -AMINER ALONG WITH FORM PAGES 1, 2, AND JAMINER ALONG WITH FORM PM 3. SETAIN - TRANSIT PERMIT PAGES 1 AND 2. SHOULD ENTAL HYGIENE, DIVISION OF VITAL RECORD OF REMOVAL. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 1136 COUNTY 5100 Darien Road 21206 21206 Baltimore Maryland YES LX NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Janet Carlotta Lee Byer Dennis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS Janet Lee Richmond same as 13e No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a OF HEALTH CERTIFICATION E 3 SHOULD BE USED / E DEPARTMENT OF HE DI PRIOR TO BURIAL, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR HOUR MONTH DAY YEAR 11-15 19 84 CONTRIBUTING CAUSE OF DEATH 3:55 M. pedestrian struck by auto 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK I-95 south of City Line, Balto., Md. road 226. I certify that I took charge Inspection Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chief, EDICAL EXAMINER 11-16-84 111 Penn St., Balto., Md. EXAMINER'S NAME Thomas D. Smith, M.D. 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Green Mount Crematory Cremation Baltimore City, Maryland 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Lin Laydson Rando Walter Brooks Bradley. Inc. Balto. MD (VR A15 ME (5))

STATE OF MARYLAND

Male Hotel And A. S. L. NA. P. W. BOW DVD. P. L. A. . Maryland | 23805 | Ballimore 3 | 5200 Harlen Road 22006 Learnis of Stricts (arints - Lea Louis Junet Lee Blebmont rame un Liga Peration 11/17 164 Green Yount treathery Ealtinore it. servend Talte Brooks Bradley, Tac. Batto., In 1909

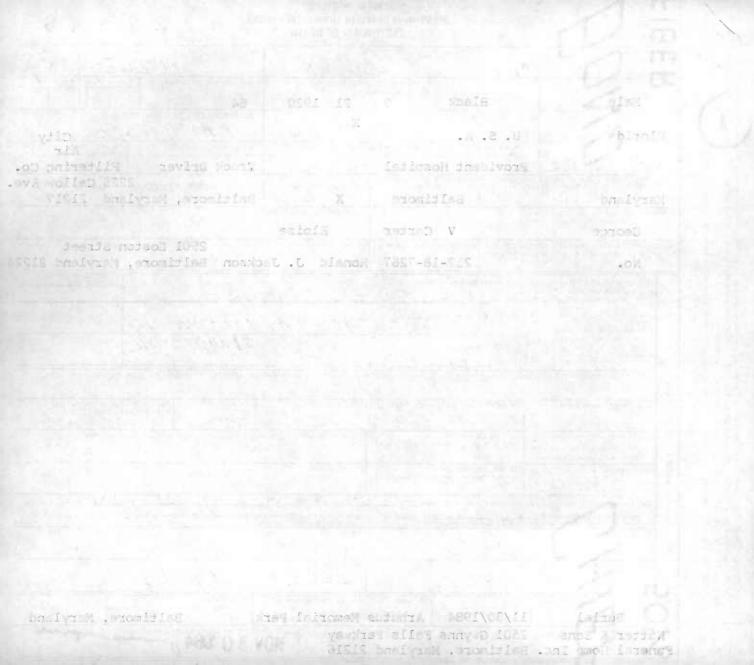
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20. DATE OF DEATH YEAR DECEASED NAME FIRST MIDDLE MONTH 26. HOUR TYPE OR PRINTS 07 84 CATHERINE CARTER 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR MONTHS DAYS HOURS YEAR 1 50 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 841 N Washington St. 21205 15. MOTHER'S MAIDEN NAME MIDDLE Amanda Smith ADDRESS Lane. 213-30-9632 Sherrell Daughtry 1238 E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ARREST au dai PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUT OPS' IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my/(our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE COUNTY Baltimore 24. FUNERAL DIRECTOR 25a DATE REC'D. C. March F/H 1101 E. North Ave. hia Davidson-Randall

DHMH - 16 50M 4/83 (VRA 15, 4)



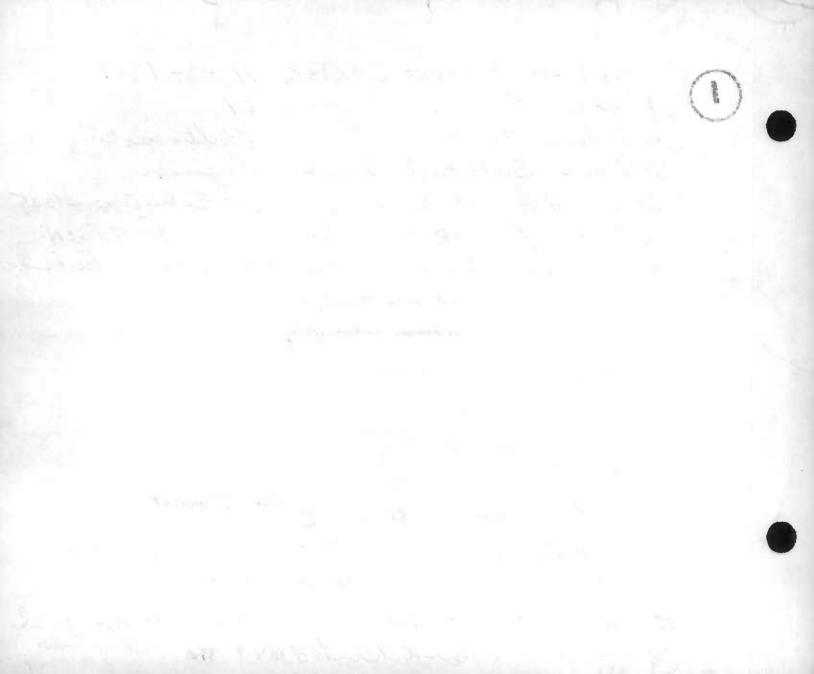


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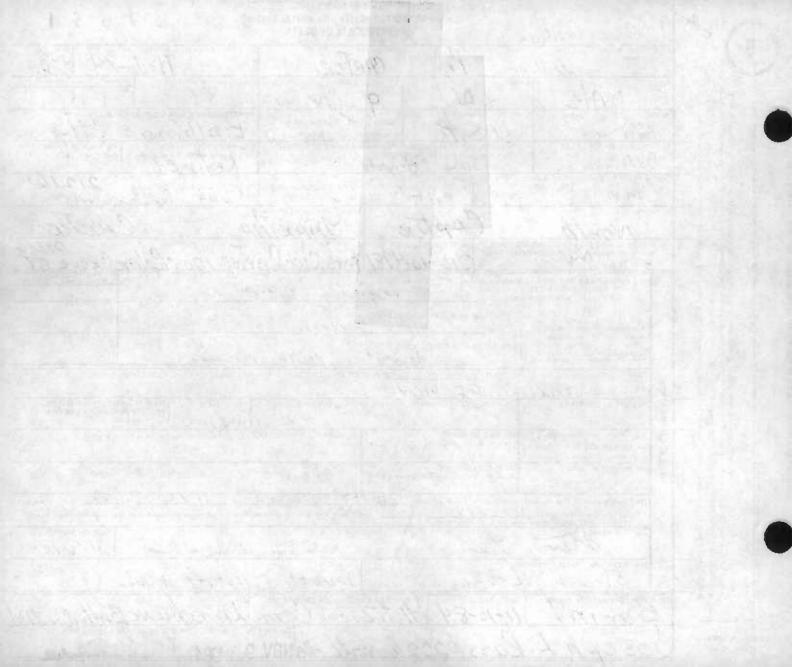
## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g DATE OF DEATH I. DECEASED NAME MONTH 2b HOUR IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CLLY OR COUNTY OF DEATH LISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED HOSPITAL NURSING HOME OF OTHER INSTITUTION 176 KIND ON BUSINESS OR INDUSTRY 13d INSIDE CITY LIMITS? FATHER'S NAME EN NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) CARTER-12 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF is chemic Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO I 21n ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M 19 211-LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ö CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 7/30 and that in (my) (our) apinian death accurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED Tullen MI) ATTENDING MEDICAL 11-5-84 Id be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME (TYPE OR PRINT) 3900 Loch Kaven Blyd MULLEN 231 NAME OF CENTETERY OR CREMATORY CREMATION REMOVAL 23b. DATE ITY OR TOWN

Suria Davidson

DHMH - 16 50M 4/83 (VRA 15, 4)



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38	1 - FOR STATE REGISTRAR Well	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	651
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L OR the h toche e Dep	226. SIGNATURE	5 Lum	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR DECEASED NAME FIRST (TYPE OR PRINT) A broune hon IF LINDER 24 HR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE offer MONTHS DAYS MONTH DAY YEAR 83 8 140 7a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED funerol COUNTRY) within 72 WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY filed 5,144 à HOSPITS should be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? B41+ 3611 YES Y NO [ Cederdale 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE complete EIRST LAST MIDDLE LAST Chatmon Hester Tyler Thomas 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT medico Poges (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Margie Pate 3611 Cedardale Rd. 017060 event, the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH physici poper 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardioneson IMMEDIATE CAUSE (o), corbor DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which nowumon gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF oth underlying couse St 12 me 50 PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior Auo 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Hygiene per NO NO S YES [ buriol-tronsit certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol 19 ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDIC 211 LOCATION 21e PLACE OF INJURY ö 21d INJURY OCCURRED STREET CITY OF LOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC ) the morked NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR 11.8.84 sow the deceased alive on\_ \_, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated. above, (1) (we) (did) (did not) view the body after death Hem 226 SIGNATURE DEGREE 22c. DATE SIGNED = ATTENDING MEDICAL uld be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 224 PHYSICIAN'S NAME LITYPE B91+ Desv 1491 ŧ 0 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN STATE (SPECIFY)

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Eutaw Place

Md.

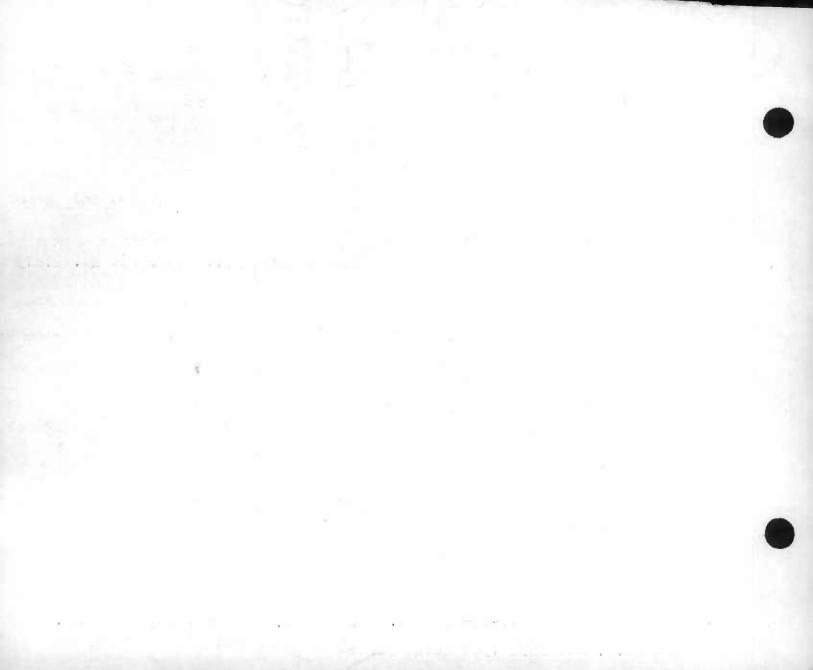
Westport

DHMH - 16 50M 4/83 (VRA 15, 4) Burial

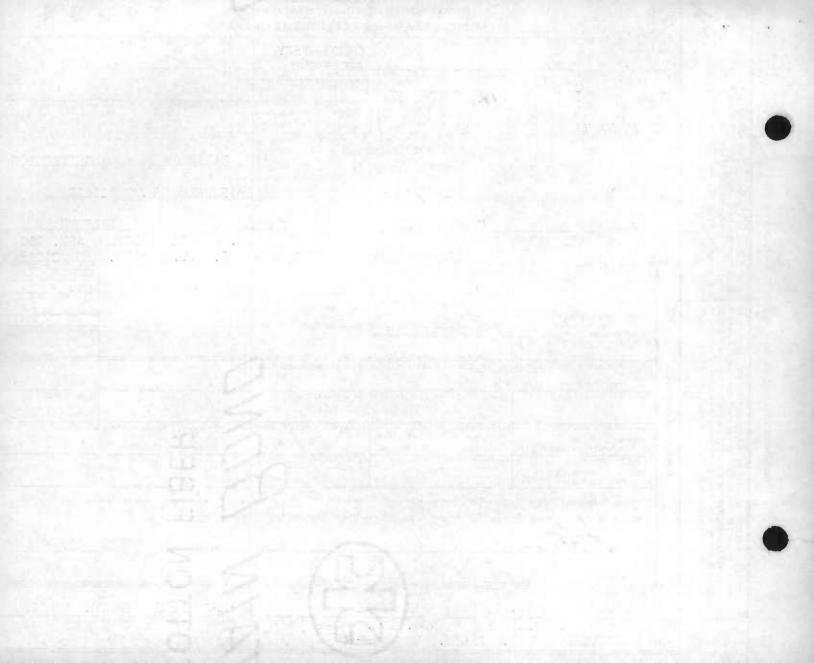
Chas.A.Rice FSPA

24. FUNERAL DIRECTOR

BP



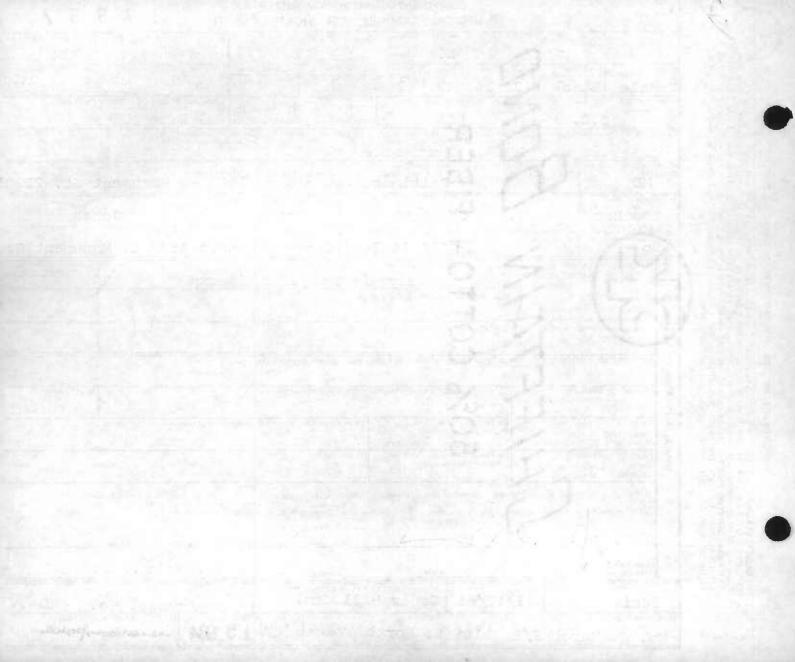
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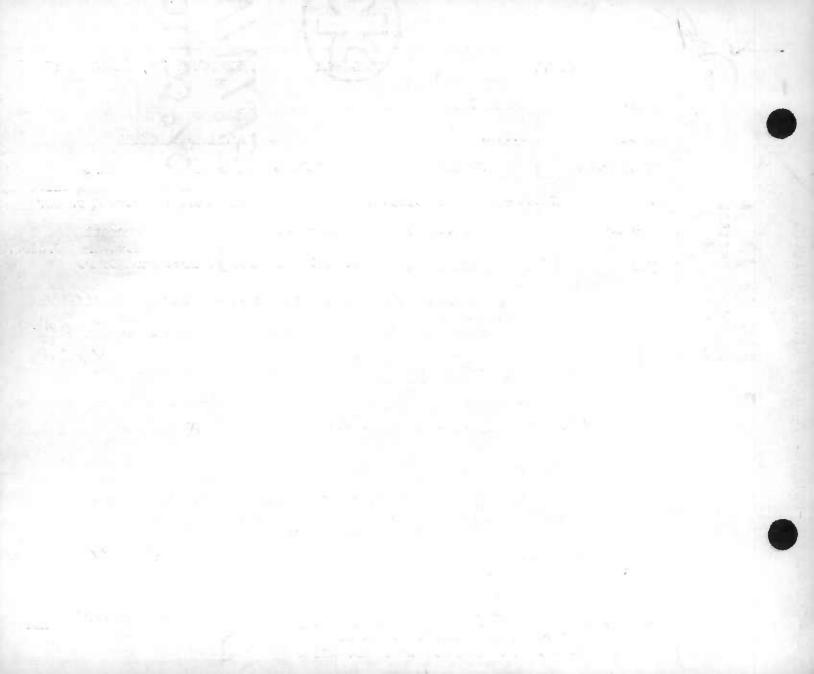
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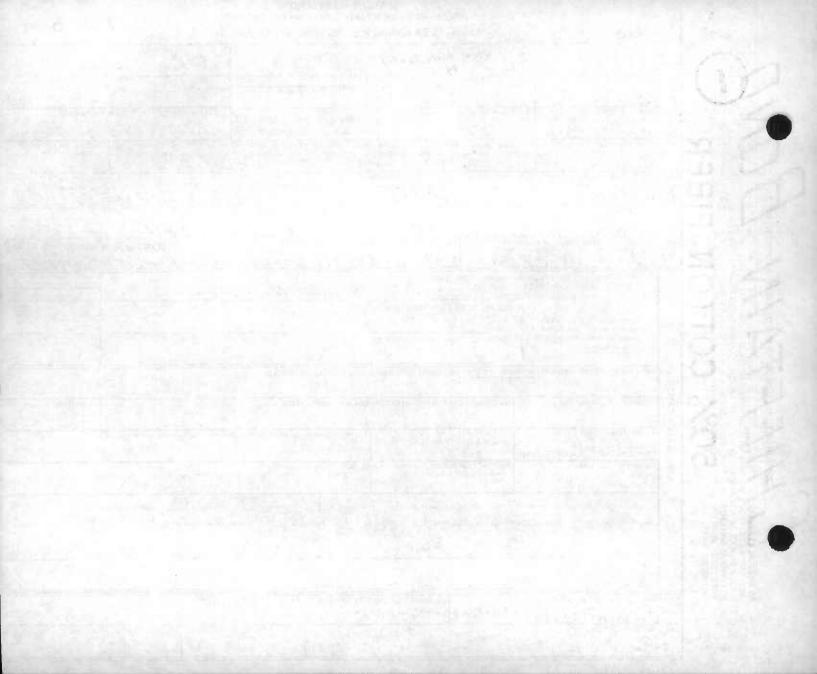
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2	F				YES NO	IN CERTIFYII		OF DE
600	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR				NO
4		OR CONTRIBUTING CAUSE OF DEAT	THE PARTY OF THE P	YEAR THE WILLIAM TO COOK	TEMER MAINE OF INJU	A. HT IILM ID FARI	- UR ( AR) 2)	
/	NA O	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	
	1	MHILE NOT WHILE			,			
		22a.1 certify that (I) (this haspite	ol) ottended the deceosed from	10/23 19 39	, to//3	, 19	201	that (I
7		sow the deceased alive on	11/2 19 5	, and that in (my) (our) opinion	deoth occurred on the d	ote and hour a	,	
		obove, (I) (we) (did) (did not) 27b. SIGNATURE	view the body ofter death.	DEGREE			22c. DATE	SIGNE
		1)// ~		ATTENDING _	MEDICAL STA	FF	IN. UAIN	1 .
		Planes		PHYSICIAN [	DIRECTOR   PHYSIC		1 7	3/82
1		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS				
1		P Konits						
	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c NAA	AE OF CEMETERY OR CREMATORY	23d. LOCATION			
		Cremation	0.0		CITY OR TOWN		COUNTY	
	24 5	UNERAL DIRECTOR	11-0-04 We	stview Mem. Pk				d.
			ADDRESS		E REC'D. BY REGISTRAR	4		
	A S	nas.A.Rice Fa	SPA 1300 Eutaw	BT. NUA	F 1084	a David	son-fon	pale

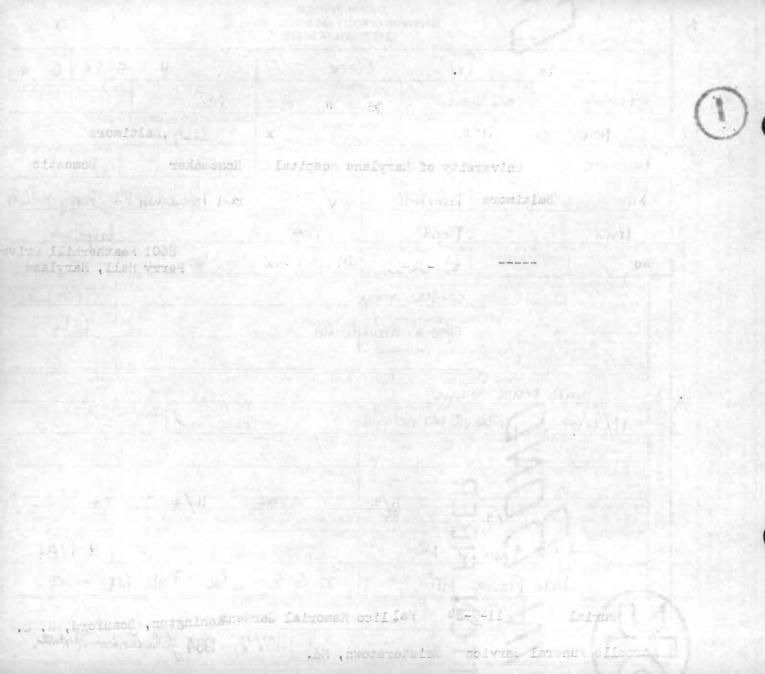
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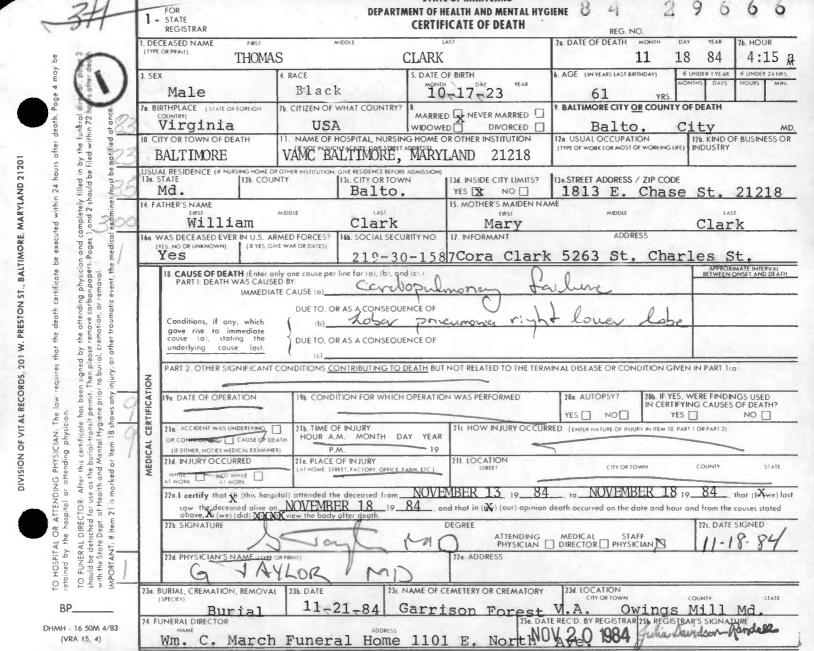
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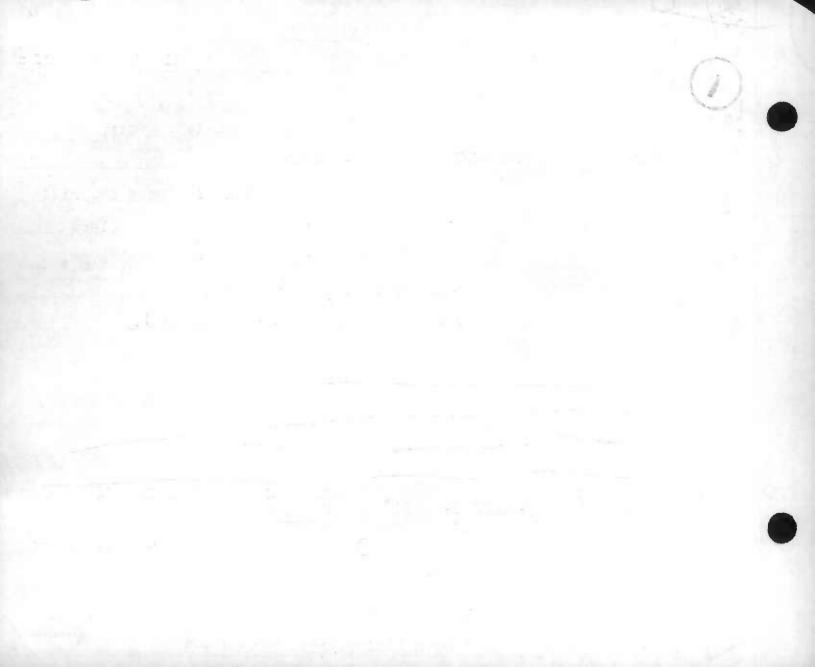
					MARYLAND			
	2	1	OR TATE		TH AND MENTAL HYGIE	NS 4 2	9 4 6	4
	1		EGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	, 0 0	-4
	-		EASED NAME FIRST	AKA KINGSLEY CL	LAST	20. DATE KNOWNXX M	ONTH DAY YEAR	2b. HOUR
19	1885		KINGSLIE	HI GSZET CL	LARK		1-27-84	
		3. SEX	4. RACE S DATE	OF BIRTH 6 AGE (IN YEARS IF I	UNDER 1 YR. IF UNDER 24 HR		ONTH DAY YEAR	2d HOU
	332	M	ALF COL II	- 10-27 5 7 YRS.	DNTHS DAYS HOURS MIN	PRONOUNCED DEAD 1	1-27-849	9:53
A STATE OF THE PERSON NAMED IN COLUMN NAMED IN	<b>对于</b>	7a Bi	THPLACE (STATE OR 7b. CITIZ	ZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR C		p.00
- 5	Z Z REST	10	EIGN COUNTRY		RRIED NEVER MARRIED DIVORCED	Baltimore C	itv	
2	FS1, 2, AND 3 TO THE LIVERAL AND 2 SHOULD BE FILED WITH PROCESS, 201 PRESENTAL RECORDS, 201		Y OR TOWN OF DEATH II. NAM	ME OF HOSPITAL, NURSING HOME, OR O	THER INSTITUTION 126. U	SUAL OCCUPATION (TYPE OF )	WORK TITH KIND OF BU	USINESS
>	A SHE SOLO		LIE NO		+ 10	R MOST OF WORKING LIFE)	OR INDUST	RY
DELAY	SDS, PE		RESIDENCE (IF IN NURSING HOME OR OTHER IN		K	ETIREP	211	100
21201 ANY	AND ONE	130 S	AJE PIEL AL SISE COUNTY	131. CHY ORTGWN	13d INSIDE CITY LIMITS? 13e. S	TREET ADDRESS	2	//
0.2 F	A S E S	10	THER'S NAME	191701	YES NO 19	18 N MON	KOF 51	
, MD.	- X05-200	2	FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST	
ORE	OOSTITUTE OOSTIT	41	LLIAM WCZ	ARK SC	AV15 H	ORSLEY		
TIM	E PAGE FORM SES 1 AI	166 V	AS DECEASED EVER IN U.S. ARMED FOR	(CES? 16b. SOCIAL SECURITY NO.	17 INFORMANI	ADDRESS	ELMHURST A	14 1136
BALTIMORE	8. GIVE PA WITH FOR DIVISION	14	ES SOPE	A 237268214	1 MR LOULLIAN	m CLARK 242	13 ELIGSSOI	VST
. 0	.81 .01 .01 .01		18 CAUSE OF DEATH (Enter only one com PART I DEATH WAS CAUSED BY:				APPROXIMAT BETWEEN ONSI	TE INTERVAL
PRESTON ST.	CILINITE AND	7	IMMEDIATE CAUSE	Arteriosclerotic	cardiovascular	disease		
STO N				UE TO, OR AS A CONSEQUENCE OF				171000
A H	NCIL IN INER A RANSIT ITAL HY	1	Canditions, if any, which gave rise to immediate	(b)				
	EXAMINER EXAMINER SIAL - TRANS O MENTAL H	06	cause (a) stating the under-	UE TO, OR AS A CONSEQUENCE OF				
	ON A PERSON		lying cause last.	(c)				
DS.	AG' IN PE SAL EXAN BURIAL- AND MEI	18	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART 1 (a)			
RECORDS,	"PENDING" IN PEN FE MEDICAL EXAMI ED AS A BURIAL - TR HEALTH AND MENT AL, CREMATION, OR	Z						
	10 O U	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	% CONDITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY	(?
VITAL RE	CHIEF A	E S					YES 🗆	NO X
A 7	THE CHIEF CH	E E		1b. TIME OF INJURY 21c	HOW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 PART		NO
DIVISION OF VITAL	DEPARTMENT  PRIOR TO BU	¥	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR				
VISIO	ED TO 3 SHOU PRIOR	음		P.M. 19  1e PLACE OF INJURY (ATHOME, 21f L	LOCATION			
NIO S		A.	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
Ī	WAW PAG 212		AT WORK — AT WORK		- NOTE:		100	
ė	AND, AND,		22s. I certify that I took charge of the r	emains described above, held an Auto	apsy . Inspection XX.	Inquiry and in	my apinian	
	YA YA		death resulted fram: Natural causes	XX Accident , Suicide	, Hamicide Und	etermined manner .		
	OERTI DIE B DIRE WARY	-	ACTUAL NIA CO	2 A. Cl. 00	TITLE (SPECIFY)		44 07 4	
3	를 등 ₹ 를 # ·		SIGNATURE WAS A	Mar Jarrell	M.D. Assistant ME	DICAL EXAMINER S	DATE 11-27-8	34
MEDIC	NO DE		EXAMINER'S NAME	1 1 1/ 11 11 5	111 Daw	Ctuant		
O W			TYPE OR PRINT) Margar 1	ta A. Korell, M.D.	ADDRESS111 Penr	1 Street		
1	@\$\\	23a.Bl	RIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION	COUNTY S	TATE
07/84 E	BP	C	DEMANTON 1/13	30/84 + ou don		Ballo	m	
ZOM	DHMH - 17	24. FC	NERAL DIRECTOR	ADDRESS	250. DATE REC'D.	BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE	37
(\	/R A15 ME (5))	A	oseph L. Run	- 2111 W Non	un w 12-4	-84		



STATE OF MARYLAND







TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the buriol-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other trauma

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

1-	FOR STATE REGISTRAR		D		EALTH AND MENTAL HYG ICATE OF DEATH	IENE & A	6	2 9	6	6	7
1. DE	CEASED NAME FIRST		MIDDLE	L	AST		MONTH	DAY	YEAR	2b. HOU	JR
{ I Y PE	Derrel Derrel		W.	Cla	ypool		11	17	84	7:4	5AM
3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS!	R I YEAR DAYS	IF UNDER	24 HRS
	Male	Whi	te	Ap	ril 29 1937	47	YRS.	WONINS:	DATS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DE	ATH		
	W. Va.	U.S	.A.	WIDOWE		Baltimo	re Ci	Lty			MD
	altimore	HENOT IN SUC	H FACILITY G	NURSING HOME CONTROL STREET ADDRESS) Streeper	Street	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Chaffeur		LIFE) IND	KIND OF USTRY Otel	Busine	SSOR
13a.	ary ranta		13c. CITY (	or town timore	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS 807 N. B			re i	2120	5
14. F/	ATHER'S NAME FIRST John	MIDDLE		Claypool	15. MOTHER'S MAIDEN NAM	ME MIDDLE B.			LAST	Amos	
16a \	WAS DECEASED EVER IN U.S. A		16b SOCI	AL SECURITY NO.	17 INFORMANT	Bage	os, Mo	212			
(		cean	235	-54-6467	Margaret H.					er S	t.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, O	RASA CO		O CALCINO HI			6 man			
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM						
CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE IFYING C (ES []			TH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE EITHER, NOTIFY MEDICAL EXAMIN			ITH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART LOR	PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST		, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COL	YINL	S	STATE
3	22a.1 certify that (1) (this has saw the deceased above a above (1) (we) (did find a	Sep.	1 Clarke	h. 19 <u>84</u> , or	nd that in (my) (our) apinian o	, to death accurred on the d	ate and ha		om the c		
	77% SIGNATURE	Hall	_		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	220	DATES	17/8	14
	Dr.Lee Hall	Salatini)			11 -	HOPKINS	Ho	57/7	712	-	
	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	11/20	/84		emetery or crematory ad Vets Cem.	23d. LOCATION Crownsv:	llle	COUNT	A.	S	Md

BP.

etoined by the hospital or ottending physician.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

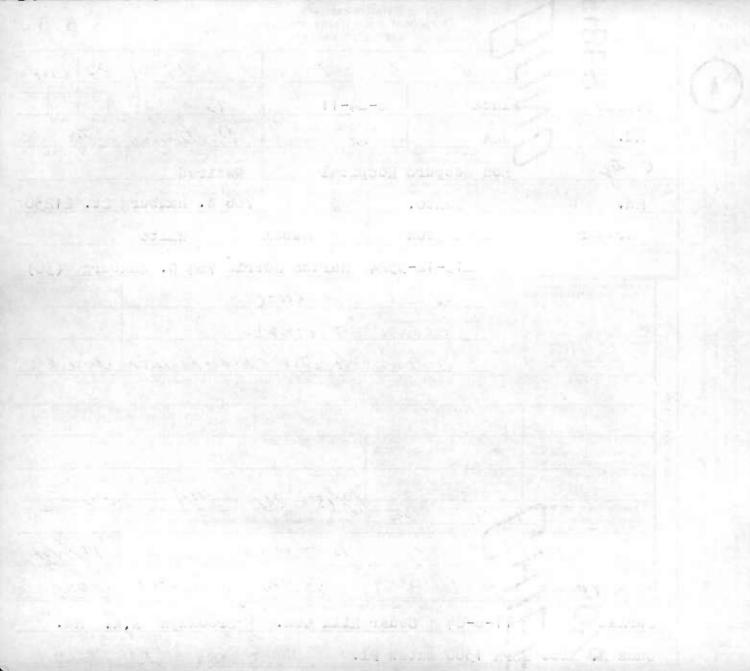
DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR George J. Gonce (VRA 15, 4)

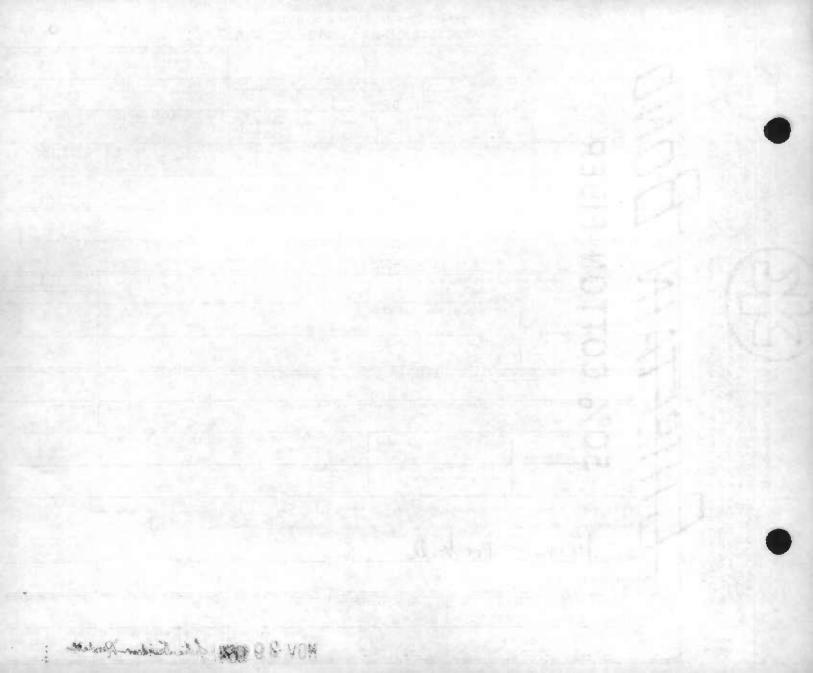
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Jegger Ag.	The Longrain		2519-95-		harada	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN TX MONTH (TYPE OR PRINT) OF ESTI-Rickey Clemons DEATH MATED □11/16/84<sub>9</sub> E. FOR THE FILES 4 RACE DAY 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2c. DATE MONTH YEAR LAST SIRTHDAY) DAY PRONOUNCED DEAD 11/16/849 P Male White 4 48 36YRS RIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH , 2, AND 3 TO THE FLINES 13. RETAIN PACE 5 FOR 2 SHOULD BE FILED WITHIN FAL RECORDS, 201 W\_PREST MARRIED NEVER MARRIED Maryland U.S. WIDOWED | DIVORCED Baltimore City O CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Rear of 1822 St. Paul St. Baltimore ISUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION BALTIMORE, MD, 2120 3n STATE 113b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 1824 St. Paul St. 21202 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PM 3 MIDDLE MUDOLE LAST T PERMIT, PAGES 1 VIGIENE, DIVISION C In WAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES Unkn. 215-80-5159 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. Hanging IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying cause last. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BAJUMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO O 210 EXTERNAL CAUSE WAS BECOMIA M. ACOUD DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING X OR subject hanged self 3:15 M 11/16/184 CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED THE PLACE OF INJURY CATHOME 21f LOCATION NOT WHILE AT WORK AT WORK fire escape Balto. City, Md. 1822 St. Paul St. (rear), Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian Suicide X death resulted fram: Accident Homicide Undetermined monner Natural causes TITLE (SPECIFY) 11/17/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. lll Penn St. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 11/23/84 Removal 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NAME ADDRESS (VR A15 ME (5)) Anatomy Board Balto., Md.



(VRA 15, 4)

STATE OF MARYLAND

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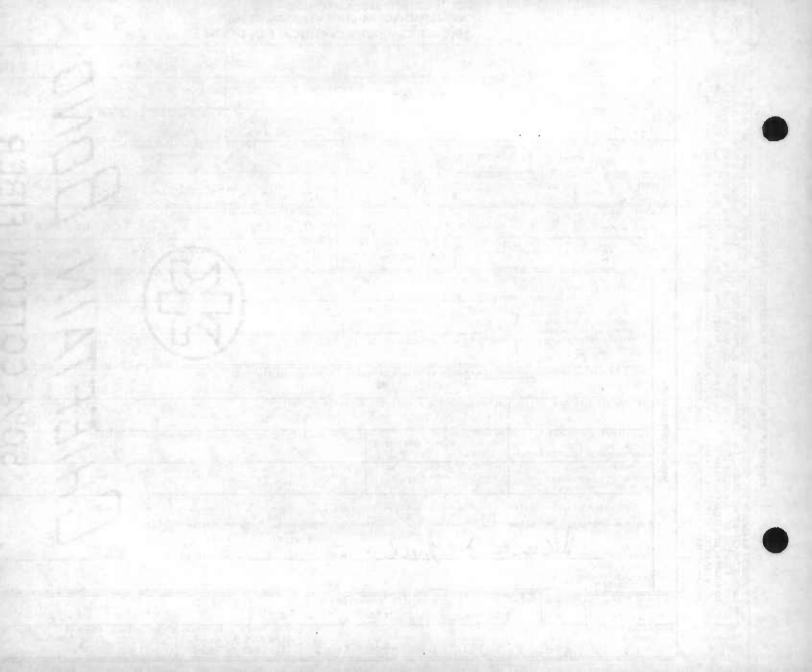
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Jack Cobb DEATH MATED 11/27/84 4 RACE 6. AGE (IN YEARS IF UNDER TYR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD 11/29/8419 P 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IGH COUNTRY DIVORCED Baltimore City 12 Junes WIDOWED IB. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS. RETAIN PA HOULD BE I Gilmora St. Baltimore 6 S. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d. INSIDE CHY LIMITS? 13e. STREET ADDRES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO. OR UNKNOWN) 10 DIVISIO 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL RIAL - TRANSIT PERMIT.

JD MENTAL HYGIENE, D

JON, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION Chronic Alcoholism 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 3 SHOULD E 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Autopsy 220. I certify that I took charge of the remains described above, held an Inspection ond in my opinion PAGE 4 SHOULD BE F TO FUNERAL DIRECTC AFTER DEATH, WITH TH BALLTIMORE, MARYLAY death resulted fram: Accident Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL 11/30/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS. 736 BURIAL CREMATION REMOVAL 736 DATE 23d LOCATION COUNTY 07/84 25M FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



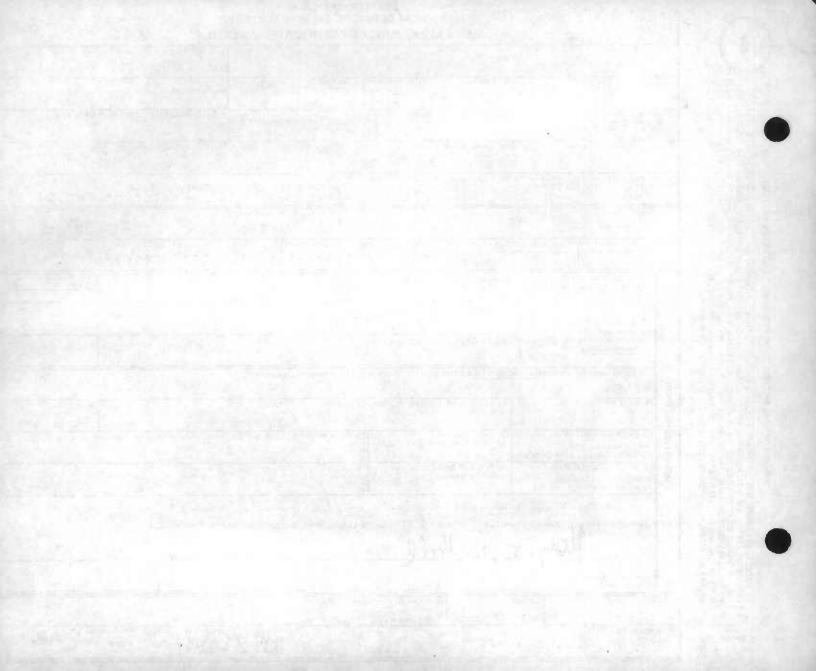
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			CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	2a. DATE KN	OWN X MON	TH DAY	YEAR	26 HOUR
	ES. ES.			Jeffre	ey .		Cok	ob	DEATH M	ATED 11	/ 18/	19 84	M
	PER FEET FEET FEET FEET FEET FEET FEET FE	3. SEX		4 RACE	DATE OF BIRTH		AGE (IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONT	H DAY	YEAR	2d HOUR 4:22
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	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E & FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,			gton D.C	. US	A	WIDOW	=	57 - 1	nore Cit	V.		MD.
	AY IS NE THE FUN AGE 5 F FILED, W	10. C1	TY OR TOWN	OF DEATH	11. NAME OF HOSE		NG HOME, OR OTH	ER INSTITUTION	126 USUAL OCCUPA		RK 12b KI	ND OF BU	
	DELAY IS TO THE F N PAGE BE FILED DS, 201 V		Ba]	timore	Univers				FOR MOST OF WORKIN	G Life)		(11400318	
5		USU A		(IF IN NURSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFO	ORE ADMISSIONI	13d INSIDE CITY LIMITS?	112. STREET ADDRESS			212	1.5
2120	AND AND SECOND	130. 3	Md.	138 COOM	and the second second second second second second	Balt	0.	YES NO	4310 Bo	wers A	Je.	Apt.	- 2
9		14. F/	THER'S NAME		MIDDLE			15 MOTHER'S MAIDE	N NAME MIDE				
E,	SAN STAN	]	Lester		MIDDLE	Cob	Ъ	Violet	MIDE	lt.	Sau	nder	S
Q.	NO AND		VAS DECEASEI	DEVER IN U.S. ARMI		166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRESS	1/10		
BALTIMORE, MD. 2120	URS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM 1T. PAGES 1 AND 1. DIVISION OF VIT	(,	No	WALL THE S. GIVE W.	AR OR DATES)	212-	02 = 8970	Violet	Wise 111	0 Gilm	ore	St,	
	WIT. P.		18 CAUSE O	F DEATH (Enter only	one couse per line	for (o), (b), on	d (c).)		11-2-3-1			PPROXIMATE	E INTERVAL T AND DEATH
N ST	24 HOUR ITEM 18. LONG W PERMIT. SIENE, D		PARTIDE	ATH WAS CAUSED		Gunsh	nct Wound	of Chest			BET	WEETA OTASET	AND DEATH
OTS	ALO ALO YGII		- 100	provide Article	DUE TO, OR				That is				
20	THILL IS ANS ANS AL H			ns, if ony, which to immediate	(b)								
3	OR TREE		couse (o)	stoting the under-	DUE TO, OR	AS A CONSEC	QUENCE OF						-0.3
201	ON, ON,		lying cou	se lost.	(c)								
DS,	A ANI		PART 2 OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH B	UT NOT RELATEO	TO THE TERMINAL OISEASE	OR CONDITION GIVEN IN PA	RT 1 fot				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	INER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU ICATE, WRITING THE WORD "PENDING" IN PENCIL IN 17EM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG Y TOR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	1000										
82	HEA ME	Y.	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WH	ICH OPERATION W	AS PERFORMED?			2D. /	AUTOPSY?	,
¥	SHOULD ORD "PE CHIEF A E USED A TOF HEA URIAL, O	Ĭ.	1.50									YES 🔀	NO 🗆
J. Y.	WENTER O BILL	MEDICAL CERTIFICATION		L CAUSE WAS	21b. TIME OF	MONTH DA	21c HC	W INJURY OCCURRE	D LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O		- 71	
NO	SHOOF	N N	CONTRIBUTION	YOR NG CAUSE OF DE	ATH 3:00x0			subject sho	ot during a	ltercat	ion		
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	EXAMINER: CERTIFICATE JULD BE FOR: DIRECTOR: (, WITH THE SAMARYLAND)		deoth results			Accident	Suicide	Homicide X	Undetermined monr		оріпіоп		
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	23a.B	URIAL, CREMA	TION, REMOVAL 23E	DATE	23c. NAA	NE OF CEMETERY O		23d. LOCATION		OUNTY	C.T.	ATE
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25M	DHMH - 17		UNERAL DIREC	TOR	ADDRESS			250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNAT	URE DO	
	(VR A15 ME (S))			. March		1 E.	North A	ve. NOV	2 1 1984		301		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIER MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN MÖNTH (TYPE OR PRINT) OF ESTI-DEATH MATED Cobb 11/18/ Tee 1984 Joseph . IF ANY DELAY IS NECESSARY,
2, AND 3 TO THE FUNRAL DIRECTOR
3. RETAIN PAGE 5. FOR YOUR TIES
3. SHOULD BE FILED, WITHIN 72. 10
41, RECORDS, 201 W. PRESTON STREET 6 AGE (IN YEARS IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE 3:25 PRONOUNCED 12-24-52 31 Black Male DEAD 11/18/ 1084 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Washington D.C USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS JE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! Clifton Ave. & Monroe St Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION Balto. 13g STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 3240 Westmount Ave. 21216 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Saunders Cobb Violet Lester 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS DIVISION NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-58-3984 Violet Wise 1110 Gilmore St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Gunshot Wound to Neck IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATOR FOR THE CHIEF MEDICATOR FOR THE CHIEF MEDICATOR FOR THE CHIEF MEDICATOR FOR THE STATE DEPARTMENT OF HALTH.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH.

BALTIMORE, MARYLAND, 21201 PRIOR TO BLIDLY CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YEST NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3: 00000 11/13/10/84 subject shot during altercation 211 LOCATION 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Clifton Ave. & Monroe St., Balto. City, street 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Hamicide X Undetermined manner TITLE (SPECIFY) 11/18/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Arbutus Md Burial 07/B4 Arbutus 24 FUNERAL DIRECTOR DHMH - 17 C. March F/H 1101 E. North Ave (VR A15 ME (5))



- STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH 1. DECEASED NAME MONTH 2h HOUR LIYPE OR PRINTI Bernard Cochran 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) I UNDER LYFAR YEAR 20 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF MARRIED NEVER MARRIED Marvland DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPI INDUSTRY Welder-American Can Co. 13g STATE COUNTY 13e STREET ADDRESS / ZIP CODE 4 FATHER'S NAME MIDDLE Rilev G. Marv ADDRESS 17. INFORMANT ARMED FORCES? WW II M. Irene Cochran Same as Yes 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ARREST CARDIAC IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF LIVER Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO IT YES [ 710. ACCIDENT WAS UNDERLYING 21h, TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinian death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN should be de with the Star 22e ADDRESS 23g. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Burial 12/1/1984 Long Green Hydes Baltimore Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 7922 Wise Avenue Dundalk, (VRA 15, 4) 21222 MD.

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BP	Bu	CURIAL, CREMATION, REMOVAL	Montagina Co.	NAME OF CEMETERY OF CREMATORY  LAWN CEMETERY	Baltimore, Mar	county STATE
DHMH-16 25M (VRA 15, 4) 1/79		Ineral director NAME  1ter Brooks Bra	adley. Inc. Dund	lalk, MD 21222	E REC'D BY REGISTRAR 236 REGIST	IFAR SONO INTURE

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STATE OF MARYLAND

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Holloway Funeral Home, P.A., Salisbury, Maryland

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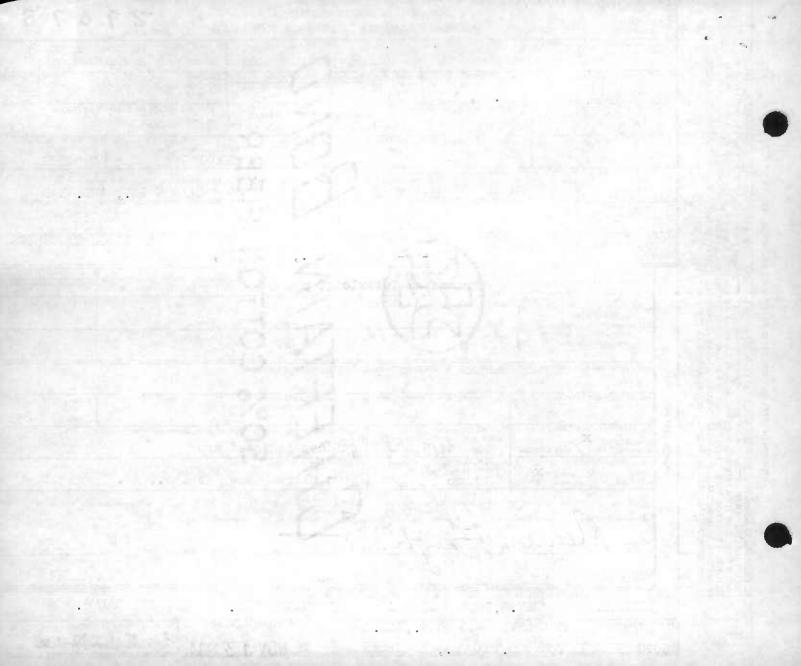
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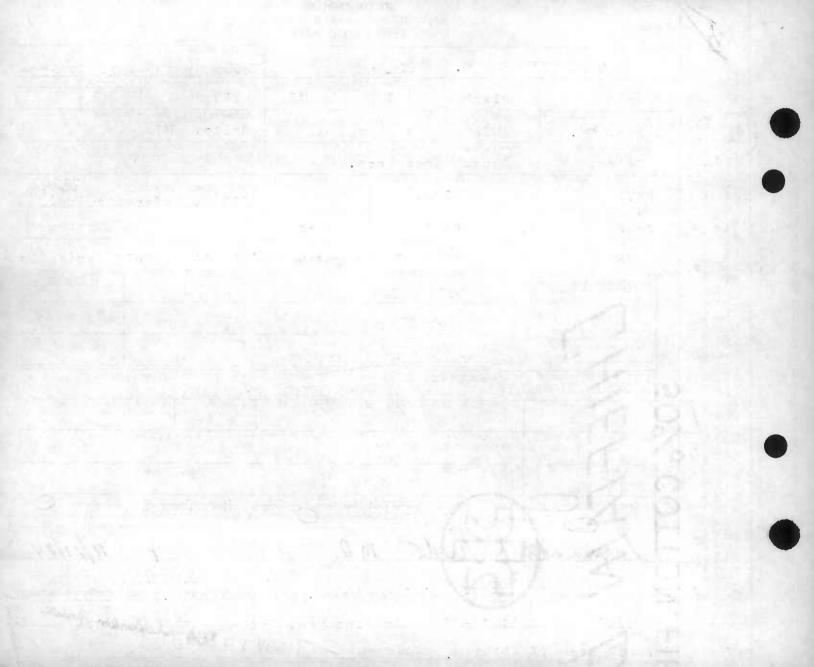
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1.	FOR STATE REGISTRAR				XAMIN	IEALTH	AND MI		YGIEN F DE	(F Z)	REG	2	9	6	7	8
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3. 58		4 RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	RS IF UN	DER 1 YR.	IF UNDER	24 HRS	2c. DAT	TE JNCED		NIH .	DAY	YEAR	26 HOUR
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10.0	IARYLAND CITY OR TOWN Baltimor		USA  11. NAME OF HOSI (IF NOT IN SUCH FACE	ILITY, GIVE STR	PEET ADDRESS)		R INSTITU	TION	12a. USI		UPATION ORKING LIFE)		VORK 12	OR IN	DUSTRY	MD.
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20	FATHER'S NAME FIRST SOLOM	ON	MIDDLE	BORS			F	ER'S MAIDE IRST SON	IA		WIDDLE		RUI	BIN		
/ I6a.	WAS DECEASE {YES, NO, OR UNKNO NO	D EVER IN U.S. ARM			AL SECURITY	100	CT.	, COLI			5 <b>20</b> R 0 2	A <sup>SS</sup> 1 1044		2 TW	O SI	HIPS
OF HEALTH AND MENTAL HYGH RIAL, CREMATION, OR REMOVE	gave ri cause (a lying cau	ns, if any, which se to immediate ) stating the <u>under-</u> use last.	(b) DUE TO, OR (c)	DUE TO, OR AS A CONSEQUENCE OF												
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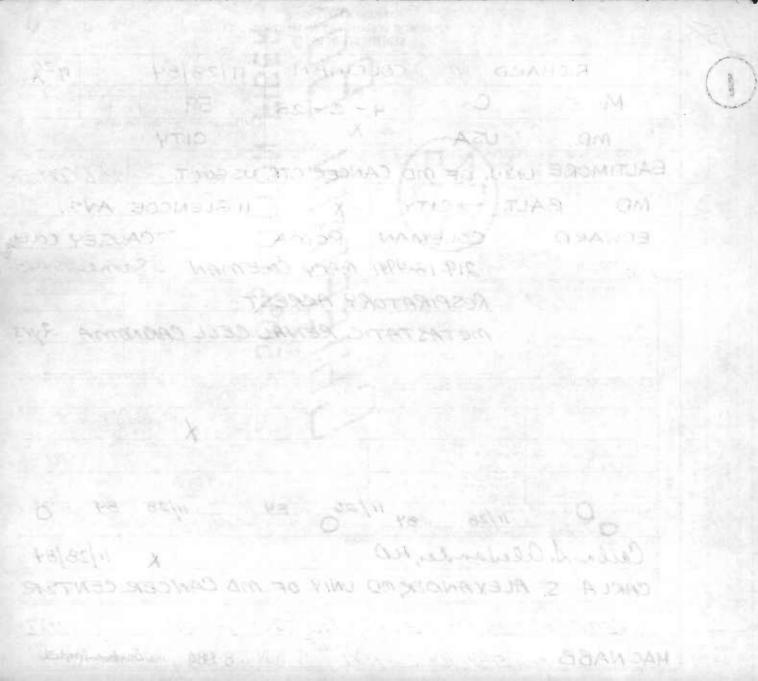


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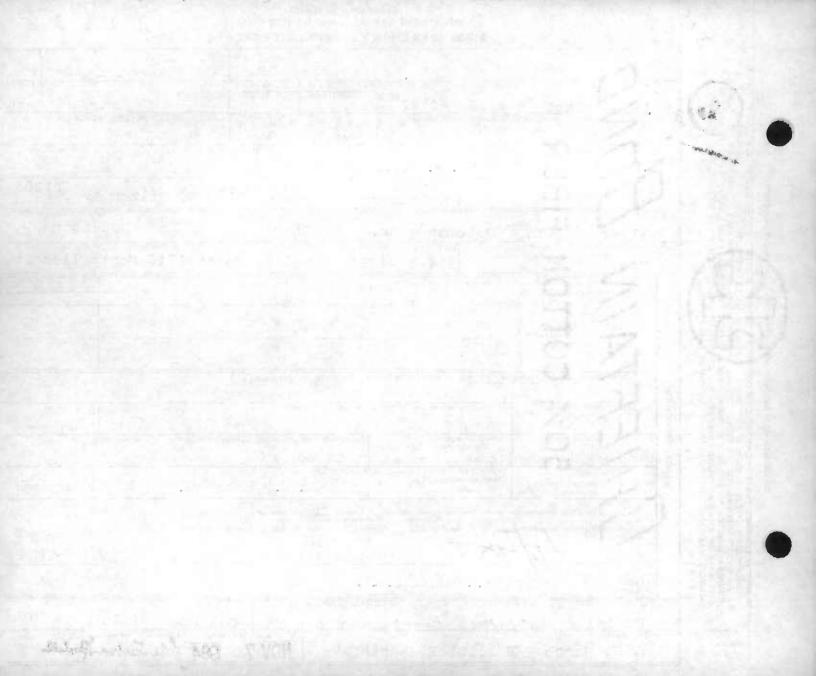
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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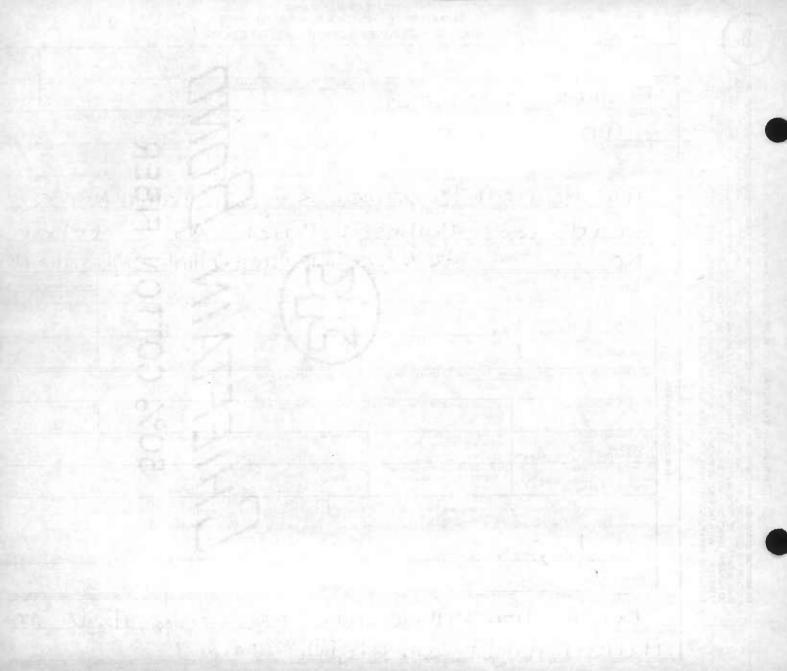
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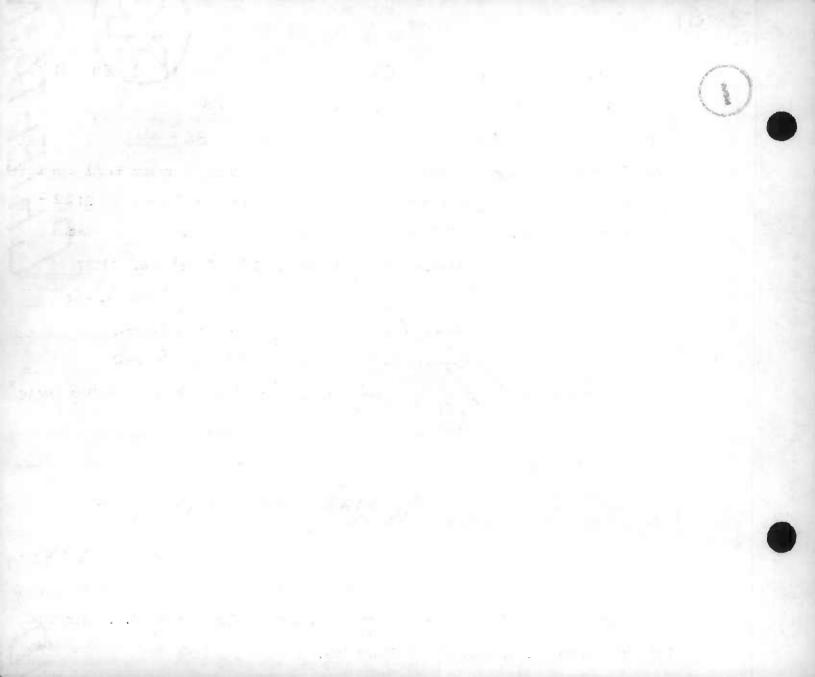


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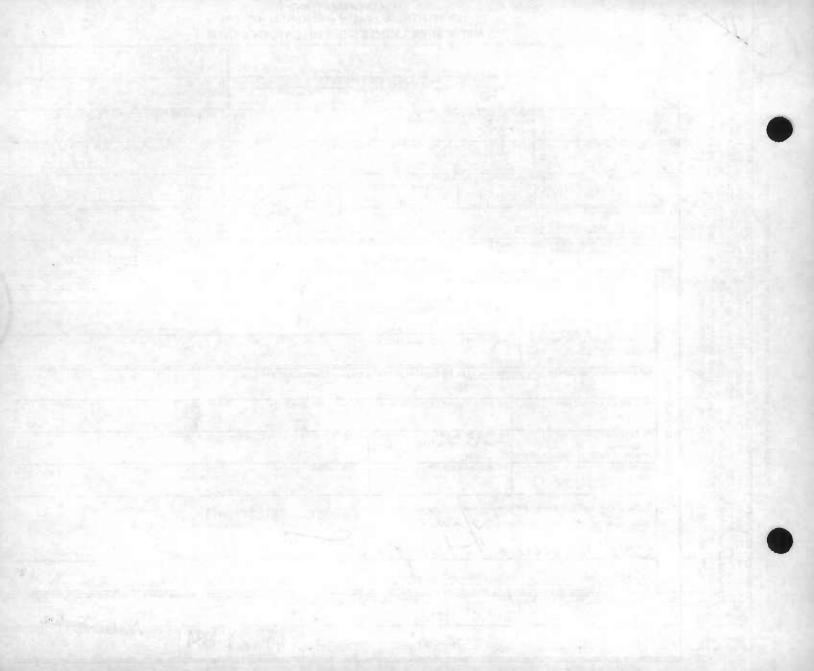


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	TO MEDICAL EXAMINE: THIS CERTIFICATE SHOUL EXECUTE THE GENER WRITING THE WORD "P PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF H BANKINORE, MEN	22	(TYPE OR PRI						1DDKE 35_					, 110			
		230. B	PECIFY PECIFY	TION, REMOVAL 23	DATE	-C// 23c. N	AME OF CEM	ETERY OR	CREMATO	JRY L	CITY O	RIOWN	1	. ap	UNTY	STA	TE
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25M	DHMH - 17	24 FU	JNERAL DIREC	TOR	1	DECC			000	250. DATE RE	EED. BY	REGISTRA	R PO RE	GISTRAR'S	SIGNATI	JRE	
	(VR A15 ME (5))		HOM	71117	ta into	To Si	WOS !	1110	MD	MAIN.	100	004	1.		C.		
			100	9.00.	MAN		TVELV	111	1100		.7.1	444	I worth	4. Jan 9. 8 a.	2 Al	P 24	- 4





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	178		FOR STATE			D	EPART	MENT OF	HEALTH	AND ME	NTAL H	YGIEN	E di		2	9	6	8	5
	je		REGISTRAR			MED	ICAL	EXAMIN	ER'S	ERTIFIC	CATEO	F DEA	TH '	REG.	NO.				
B	1		CEASED NAME	FIRST		45.77	WIDDLE			LAST		2	a DATE I	KNOWN	XX MC	HINC	DAY	YEAR	26 HOUR
	\$ & & & E	{ITP	E OR PRINT)	Howar	rd br		G.		Co	llison	1		OF DEATH	MATED		11-2	20 19	84	A.4
	REGERA	3. SE)		I. RACE	S. DATE	OF BIRTH		6. AGE (IN YE.	ARS IF UN	DER 1 YR.	IF UNDER 2		2c DATE			NTH	DAY	YEAR	2d HOUR 8:24
	DELAY IS NECESSARY, PLEASE 31'OTHE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. BE FILED, MATHIN 72 HOURS. PRESTON STREET,	/	ale	white		/15 DAY	YEAR		RS. MONTH	AS DAYS	Hours	-	PRONOUN DEAD			11-2		84	8:24 P• M
•	PART A PART A		RTHPLACE (STA	ATE OR		ZEN OF WH	AT COUN	VTRY?	8 MARRI	ED X NEV	ER MARRIE	ED 🗆	9 BALTIM	ORE CIT	YORCO	YTNUC	OF DE	ATH	
	DA SER	Ma.	ryland	1	0.3	S.A.			WIDOW	ED 🗆	DIVORCE	D O	Balt	cimor	ce C	ity			MD
	SHE SHE	10. C1	TY OR TOWN C	OF DEATH				IRSING HOME	, OR OTH	ER INSTITUT	ION		AL OCCUP	PATION (	TYPE OF W	VORK 12	b. KIND	OF BUS	
	PA	P	altimor	9	-	_		ospital				Tri	ost of work	ICI		T	ruck	ring	
_	3 TOE	JSUA	L RESIDENCE	IF IN NURS HOME	OR OTHER IN		E RESIDENCE	BEFORE ADMISSE	ON)		A								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	IF ANY DELAY IS NECESSA, AND 3 TO THE FUNERAL RETAIN PAGE 5 FOR YO SHOULD BE FILED, WOWN HIN DRECO	130. S Ma	ryland	Bal	timo	re	Arb	utus		13d. INSIDE CIT	NO S	124	6 Pop	ss lar	Ave	212	27		
WD	CIE -	14. F/	THER'S NAME		MIDDLE		- 11	LAST		15. MOTHE	RST	NNAME	M	IDDLE			LAST	7	
W.	GES 1,	F		H. Colli				41101		Cora	E. T	homa:							
W O		16a. V	VAS DECEASED	EVER IN U.S. AR	MEDFOR	CES?	166 SO	CIAL SECURIT	Y NO.	17. INFORM	ANT		- 31	ADDRE	ESS				
ALTIN	URS AFTER DEATH.  8. GIVE PAGES 1, WITH FOR PM. T. PAGES TAND DIVISION PM.		n/a	(IF YES, GIVE	a	NIES]	217	7-09-35	87	Doris	W. C	olli	nson	124	6 Pc	opla	er Av	ve.	
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	EXAMINE CERTIFICA JUD BE FC DIRECTO WITH TH WARYLAN		death resulte	//	ral cause:		moder		içide 🔲	, Homici			rmined ma	anner [	7	/ _ [			
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	SE S		EXAMINER'S N	NAME Des	nnis	F. Sm	yth,	W.D.		ADDRESS	111 Pe	enn S	St., I	Balto	0.,	Md.	21	201	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE ORGE 4 AHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,	23n B	IRIAL CREMAT	ION.REMOVAL				NAME OF CE			)RY	123d LO	CATION						
		(: E	Burial	,		24/84		eadowri					riown		How	ard	-	Mc STA	TE
07/B4 25M	BP		UNERAL DIRECT	FOR	11/2	1/01	1-10		age .					R 256 RE	EDI SIDEN	-	NATUR	CHE	
	DHMH - 17 (VR A15 ME (5))	An	norose I	inc.		ADDRESS	28 St	ulphur	Spri	ng Rd.	NOV	121	RE 1984	Turk	(II) 43-01			-016	
	(AK MID WE (D))							1	T	3				-					



	1			STATE OF MARYLAND		
1	1	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 4	29686
( p )	<u> </u>	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	Canaliau	20. DATE OF DEATH MONTH	-28-84 1:05AM
Mg 800	1 SE		4 RACE	Conquay	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 4 400	1/2	EMALE	BIALL	S. DATE OF BIRTH  MONTH  DAY  YEAR  YEAR	O. AGE (IN TEAKS LAST BIRTHDAT)	MONTHS DAYS HOURS MIN.
2 31 0	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	- S-BALTIMORE CITY OR COU	
1 1220	1	Mary and	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BA toman	E MD.
- 4 11 279	X ALL	TY OR TOWN OF DEATH	11. TIME OF HOSPITAL, NI T IN SUCH FAGILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
20	2050	AL RESIDENCE (IF NURSING HOME OR		REFORE ADMISSIONS	NONE	Non-
2 m	130.	MD. 136 COUN	NTY INCITY OF	NOWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1 ZIP CO	ODE M. A. 21207
1 1 1 1	₩. F.	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME I	
MAN 1 11/12/	1	VAYNE	MIDDLE Con A	WAY /ANES		ron ton
MORE pand c		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	SECURITY NO. 17. INFORMANT WAYNEC	ADDRESS 72	14 OHEHALA
4 31 4	$\vdash$				OT HOW WE CHO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tricol physical prove		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	Ily one cause per line for (a), (I D BY: TE CAUSE (a) R&S 0)	ratory Arrest	1 / 1 / 1 / 1 / 1 / 1	BETWEEN ONSET AND DEATH
N so doop			DUE TO, OR AS A CONS	EQUIENCE OF		
STC mental menta		Canditions, if any, which	( b) Carel			
# p 000 2		gave rise to immediate	) 137			
by the contract of the contrac		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	1 0 -	NFection	
2 1 11 1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART ITO
A Paris Pari	õ	Cranial	Synostosi	S (Corona) - Lan	bdoidal	
S I THE T	13	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTÓPSY? 20b. IF	YES, WERE FINDINGS USED
2 2 2 2 2 2 2 1	Ē				YES NOT IN CE	RTIFYING CAUSES OF DEATH?
ATTA NO STATE OF THE PARTY OF T	CERTIFICA	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM	
4 44 44 4	0.000	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
N X B sold a	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 ZH LOCATION		
IVISIO	MES	WHILE OF WORK AT WORK	(AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
A SOUTH		22a.1 certify that (1) (this haspi	tal) attended the deceased for	10m 20 October, 1984	1 , to 27 Octob	4, 19 8 4 , that (I) (we) last
- FF D. FF		saw the deceased alive an	210ctoles	19 84 , and that in (my) (aur) apinio		hour and from the causes stated
A S H S F		27b SIGNATURE	t) view the bady after death.	DEGREE		22¢ DATE SIGNED
0 = 0 0 0 2		1/		AA I) ATTENDING	MEDICAL STAFF	1-6-15-1
A S S S S S S S S S S S S S S S S S S S		July Levely	v, su.	PHYSICIAN	DIRECTOR   PHYSICIAN	10/29/84
FUNER by Code by A hite Store of the Store o		22d PHYSICIAN'S NAME (TYPE O	DR PRIMIT)	22e ADDRESS		AI:
0 t 0 t 0 t		ME M. AN	·Vers, Sr	Provident	t Hospital-B	uttemore, Md. 2120
	23a	URIAL, CREMATION, REMOVAL	23b. DATE	234 NAME OF CEMETERY OR CREMATOR	Y IN LOCATION	COUNTY STATE
BP	F	KULIAL	111-3-84	MT. OIDE	Kettobath	UC
DHMH - 16 50M 4/83	24 F	NETAL DIRECTOR	9. 1. 638	Bess BOK 105 250. D	ATE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
(VRA 15, 4)		By a C	well IA	MAN COLON	4 Guintain	Correspondent :

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FOR

STATE OF MARYLAND 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME E OR PRINT)	CECELIZ		V	CON	NELLY	20. DATE OF DEATH NOVEMBER		1984	6:52 A
3 SE	X	F	RACE	V	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS
	COUNTRY) N	10	V		WIDOWE	D NEVER MARRIED DIVORCED	BALT IMOR	E CIT		MD
В	ALT IMO	RE	JOHNS	HOPKIN	SHO	SPITAL	TYPE OF WORK FOR MOST OF		E) INDUSTRY	OF BUSINESS OR
130. 5	STATE M.	13h COUNT		13c. CITY OR TOWN	N	134 INSIDE CITY LIMITS? YES NO P		ZIP CODE		221
	ATHER'S NAME FIRST	Am 5		LKOWS		15 MOTHER'S MAIDEN NAM	MIDDLE	ZAM	INSK	1
	YES NO OR UNKNO	DEVER IN U.S. ARM	MED FORCES?	212 367		J. G. CONA	IELLY J	R.		BOYE
	Conditions, i	IMMEDIATE  f any, which o immediate stating the	DUE TO, O  DUE TO, O	R AS A CONSEQUE	NCE OF	RREST RDIOMYOPAT ARTERY DISE			BETWEEN	IMATE INTERVAL ONSET AND DEATH
NOI						NOT RELATED TO THE TERM		DITION GIV	EN IN PART 10	0
CERTIFICATION	19a DATE OF C	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO.	IN CERTIF	S, WERE FIND IN FYING CAUSES	
MEDICAL CE	OR CONTRIBUTION	VAS UNDERLYING DIEGO CAUSE OF DEATH		PFINJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 F	PART I OR PART 2}	
MED	21d INJURY O	NOT WHILE AT WORK	218. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE FA	ARM. ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
	saw the c	deceased alive an	11/2	e deceased fram_7 7 19	84 . or	ad that in (my) (bur) opinion of		ate and hav		
		N'S NAME (TYPE OR	11		M	22e ADDRESS	MEDICAL STAF	IANK	11/27	184
23o. E		ITH KA			IAME OF C	SOHNS HOPK		ITAL	BALT.	40
			11/2		204		CITY OR TOWN	_	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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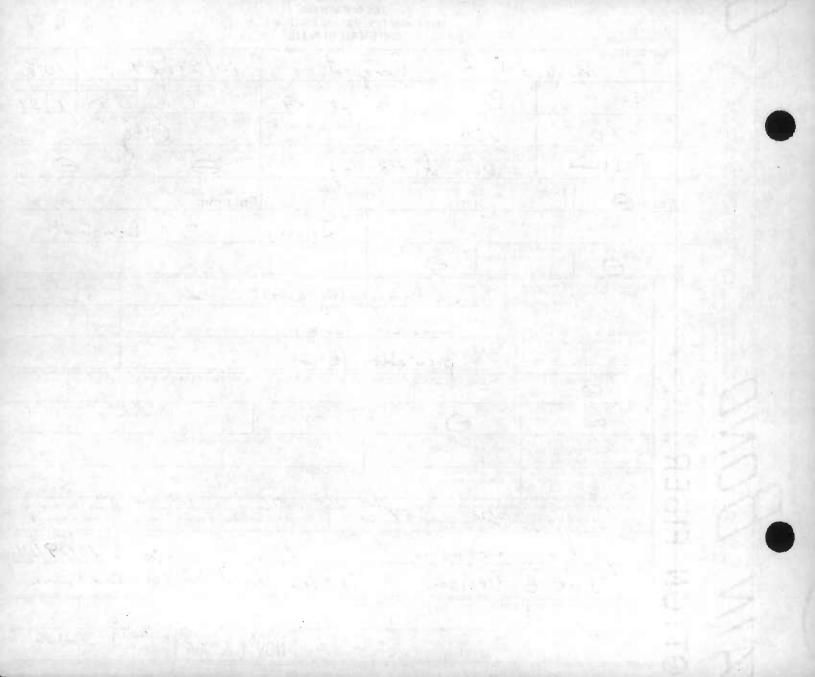
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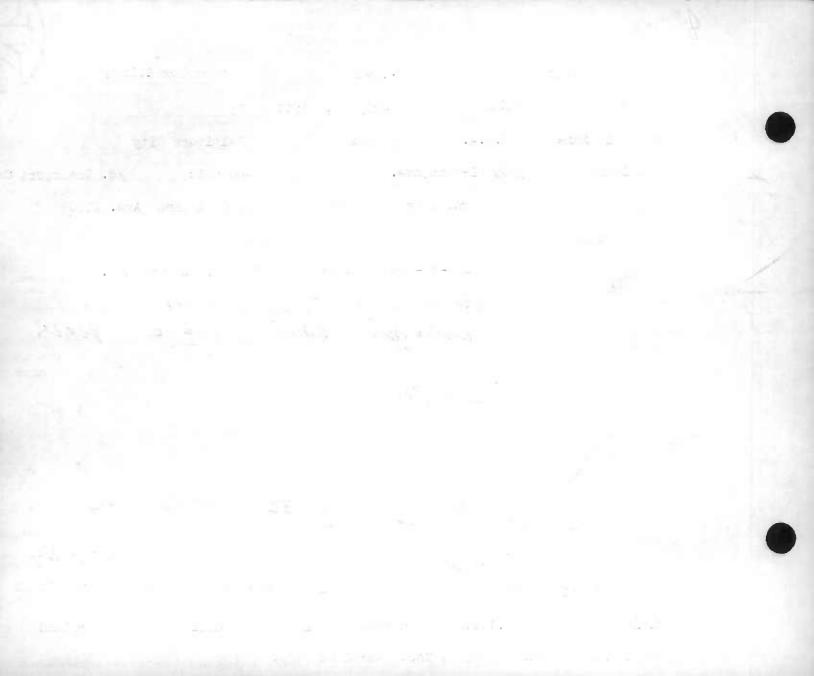
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		FOR	DED A DT	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HYC	HENE P	9 9 6	2 0
	1 -	STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	6 7 0	3 7
	(TYPE	CEASED NAME PIRST OR PRINT!	Girl "A"	Conquest	10/281	184	HOUR / O P N
	3. SE	F	4 RACE	5. DATE OF BIRTH  MONTH  DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHE		UNDER 24 HRS.  OURS MIN.  34
36		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR		MD
	10. CI	Daltmee	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS HOSE	120 USUAL OCCUPATION		SINESS OR
6/9	130 5	AL RESIDENCE (IF NURSING HOME TATE	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13¢. CITY OR TOW		13e STREET ADDRESS / 2	ZIP CODE 999	199
J8/14	_	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA REFIRST EN SE		Conques	*
medicol 4		AS DECEASED EVER IN U.S. A	RMED FORCES? 166, SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	s <b>0</b>	
went, the		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), an ED BY: ATE CAUSE (a) Cardi	orespirator are	st	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
notian, ar re traumatic e		Conditions, if any, which	DUE TO, OR AS A CONSEQU				
l, cren		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
njury. or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDI	TION GIVEN IN PART 110	,
19	RTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \( \) \( \)	
B 18	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D	AY YEAR  19	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART 1 OR PART 2)	
ked or ther	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOWN	N COUNTY	STATE
21 is mar	3	22a.1 certify that (I) (this hosp sow the deceased alive a	oital) attended the deceased from	ond that in (my) (our) apinion	death occurred on the date		(I) (we) lost ses stated
If Hem		276. SIGNATURE	Crosson one	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	22c DATE SIGN	VED /84
TATANA TATANA		22d PHYSICIADIS NAME (14PE	E. CROSSON	220 ADDRESS	Inv of Md H		ne
1 3/		URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
M 4/83	24 FU	INERAL DIRECTOR	ADDRESS	250. DA	V 1 3 1984	B. REGISTRAR'S SIGNIFURE	fall



STATE OF MARYLAND

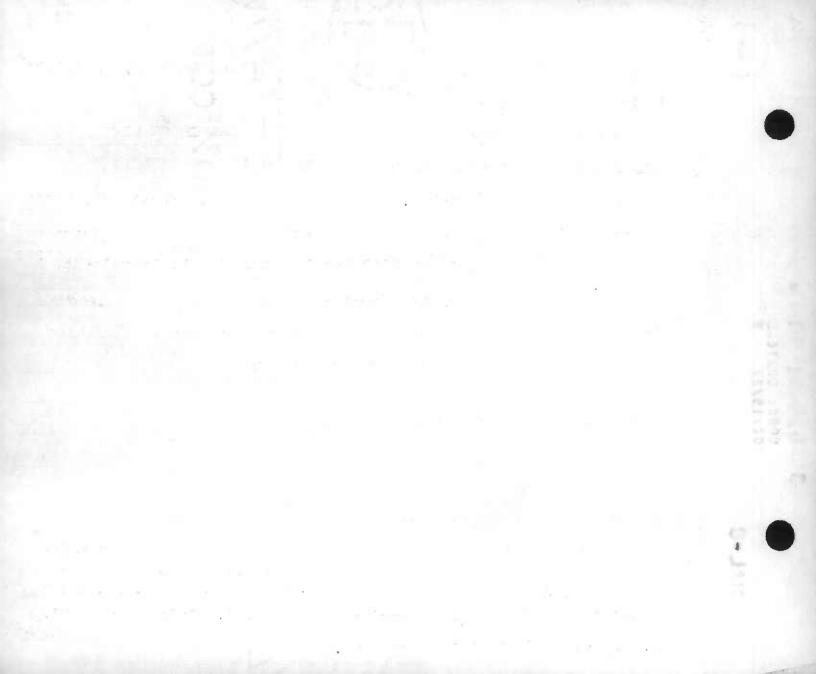


0	at	1 -	FOR STATE REGISTRAR		DEPARI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	9 6	9 2
B	/		CEASED NAME FIRST COST	77.7	A .		OOK	NOVEMBER			1:25 <sub>M</sub>
ge 4 may	rs offer d	3. SE.	Male	4. RACE Blac	k	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eath. Pog	fonce.		RIHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF V	what country A	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O BALTIM	R COUNTY O		MD.
s after d	iled with		TY OR TOWN OF DEATH				OR OTHER INSTITUTION S HOSPITAL	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS OR
AND 212	Sales be	USU. 13a	AL RESIDENCE (IF NURSING HOME C STATE 13b, COU		130. CITY OR TOV	WN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS L	zip CODE anvale	St.	21202
MAKTL ted within	OC Seminary of the series of t	14. FA	Nathaniel	WIDDLE	Cool	k	15. MOTHER'S MAIDEN NA.  Alexlin	e		Jol	nnson
oe execut	Poges		VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G Yes	RMED FORCES? IVE WAR OR DATES)	216-21		7 Lovelee C	ook 409 E		ale s	St. <sup>21202</sup>
makitanu 2120 dila criffcate be executed within 24 hours	mover.		Conditions, if any, which	ATE CAUSE (a)	Respirto RASACONSFOR Mesote	JENCE OF		- faylne.			MATE INTERVAL INSET AND DEATH MIN S
COSTE 727	han please rema to burial, crema ijury, oc other tr	NO	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEOU Smoll	Bene	1	ONSIS.	DITION GIVEN	IN PART No	įs.
\$ 50 m	ene prior	CERTIFICATION	190 DATE OF OPERATION 10 - 31 - 84				n was performed in from metastatic D	200 AUTOPSY?		VERE FINDIN	
SICIA OF	18.6	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A./	m. month [ m.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)U	RY IN ITEM IB PAR	I OR PART 2)	
NG Phy organic	o de la composição de l	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTEND	100	a	220 L certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did r	oital) attended the n 1)00 pm (at) view the bady	e deceased from 1) //9 19 alter death.	9.4 , ar	nd that in (my) (our) apinion	ta 11 - 20 death occurred an the d		nd fram the c	
A DA	ofe Day		226. SIGNATURE WEN	CHENG				MEDICAL STA	IAN		0/84
d house	the S		22d PHYSICIAN'S NAME (TYPI	Then	1		600 N. WO				
, ap	10	23a. E	BURIAL, CREMATION, REMOVA	11-23	230	NAME OF C	son Forest	V ACITY OR TOWN	ings 1	f111s	Md STATE

250 DATE REGID BY REGISTRAPISS. REGISTRAPIS SIGNAFUR MANCAGE

Wm. NaC. March F/H 1101 E. ADDR North Ave.

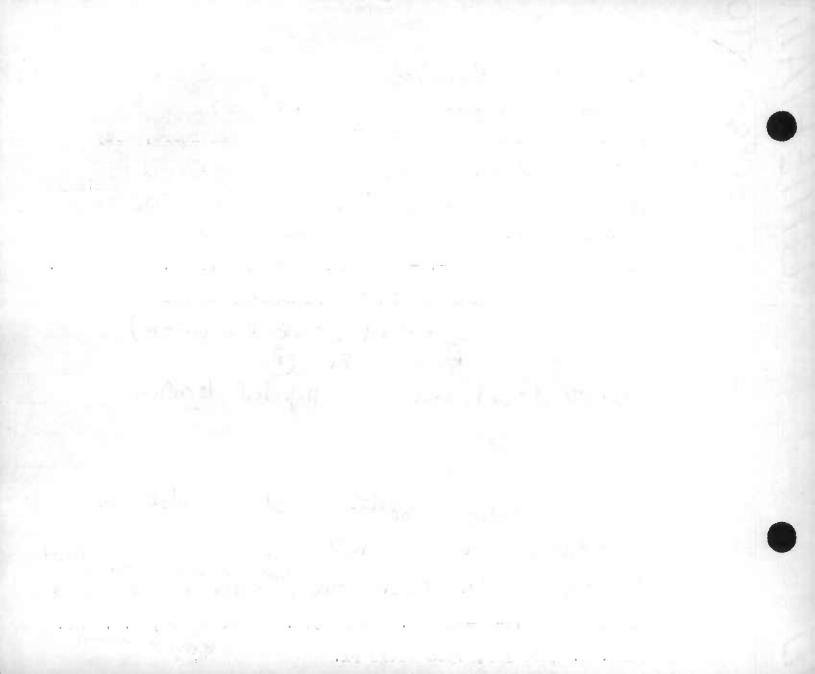
DHMH - 16 50M (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN K MONTH 2b. HOUR (TYPE OR PRINT) ESTI-11-5-8410 COOPER DEATH MATED **EDWARD** 4 RACE 5. DATE OF BIRTH NONTH MONTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE 65 BIRTHDAY) PRONOUNCED 19 Black Male :04A DEAD 11-5-8419 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED X Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS CH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE 509 Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE MD 509 W. Hoffman St. 21201 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST 7 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h, SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 231-27-7949 Catherine Barnes 509 W. Hoffman 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL NOXX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOUID BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Baltimore COUNTY MDATE Mt. Zion Cemetery Burial BP. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** ATTO1 E. North Ave. wha Daydon-Randell C. March F/H (VR A15 ME (5)) 20M 4/B2

Tom levinoria de Maci Surgeon les rés The same of the sa Charles agenticle put to the savestime.

STATE OF MARYLAND



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STATE OF MARYLAND

Funeral Home Inc. Baltimore, Maryland 21216

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICAT	LOIDEAIN	REG. N	0.			
1. DECEASED NAME FIRST	WIDDLE	LAST		2a. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
Julia	en Bernard	Cor	bin		11 23	1984		M
3. SEX	4 RACE	5 DATE OF BIR	TH DAY YEAR	6. AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HI	
Male	Black	01	23 1909	75	YRS.			
Ta BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
Virginia	U. S. A.	WIDOWED	DIVORCED	Baltimore	City			MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II		HER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND O	F SUSITES	OR
Baltimore	Provident Hospi			Contractor		Emplo	yed	w
USUAL RESIDENCE (IF NURSING HOMI 130, STATE 13b CC Maryland	E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOV Baltimos	VN 113d. 1	NSIDE CITY LIMITS?	13e.STREET ADDRESS Baltimore,	/ LII COUL		areva : 21215	
14. FATHER'S NAME	MIDDLE LAST	15. N	OTHER'S MAIDEN NA	AME		1AS	1	
Walter	Corbi	in	Mary			John	nson	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SEC	URITY NO. 17 IN	IFORMANT	3928 B	reva R	oad		
No.	218-07-3	3810 Ma	ry W. Corl	oin Baltimo	re, Ma	ryland	21215	
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gave rise to immediate cause (a), stating the		JENCE OF				office	1 1014	14
underlying cause last.	(c)					I'm	s oslal	ク
	HT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	TELATED THE TER		DITION GIVE		95	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	H OPERATION WA	SPERFORMED	20a AUTOPSY?		WERE FINDING CAUSES		
216. ACCIDENT WAS UNDERLYING	LIGHT ALL MONTH O	DAY YEAR 21c	HOW INJURY OCCU	RRED (ENTER NATURE OF INJE	JRY IN ITEM 18 PA	RT 1 OR PART 2)		
OR CONTRIBUTING CAUSE OF	1/ 14	19	1/1	· 1+ .				
(IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	210 PLACE OF INJURY (AT HOME AREEL FACTORY, OFFICE,		LOCATION	M.A CITY OR TO	OWN	COUNTY	STATE	
	and all and the deceased fram.	1/7	19_8		3	98/	that (I) (we) I	last
shaw the deceased abuse (1) (we) (did (did	not view the bady after death.			n death accurred an the d	ate and haur			
22b. SIGN TURE	the Sing	DEGR	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	
22d. PH CIAN ENAME (IV	PEORPRINT) SINGH	22e	190 W.	NORTHG	rn	PKW	Y	
23a BURIAL, CREMATION, REMOV	/AL 23b. DATE 23c.	NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION		COUNTY	STAIF	
Burial	11/27/1984 A1	rbutus Me	morial Par	ck	Baltim	ore. Ma	arvlan	d
I WATEFICE Sons	2501 Gwynns Fa	lls Park	way 250. DA	N 3 0 1984	256. REGISTR	AR'S SIGNAT	diffee	
Funeral Home In	c. Baltimore, Mar	vland 21	216   11	TY OU DOM	A		17 - 17	3

DHMH - 16 60M 7/84 (VRA 15, 4)

fO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The low

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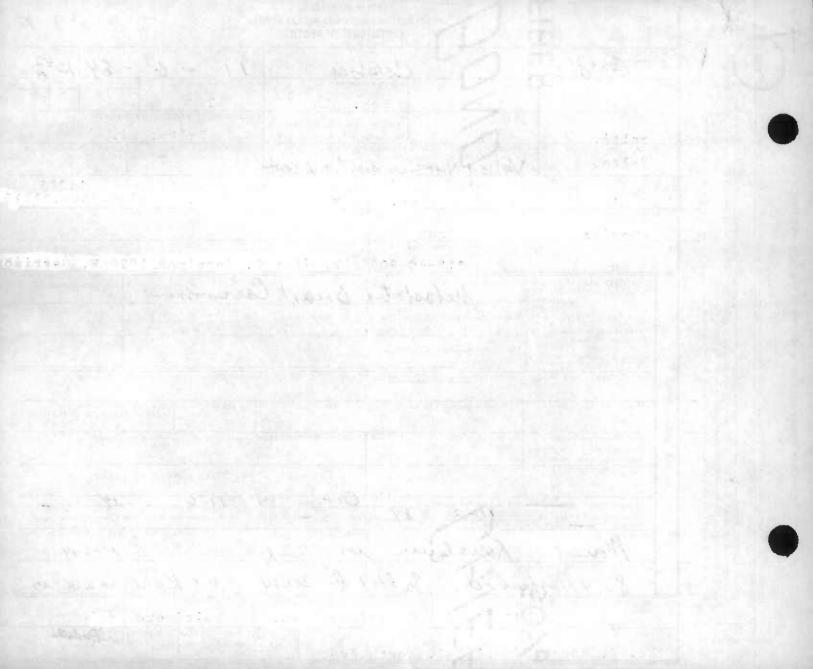
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	NT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	DEPARTN	FOR STATE	1-	
REG. NO. ATE OF DEATH MONTH DAY YEAR 26 HOL	LAST	MIDDLE	REGISTRAR CEASED NAME FIRST	1 DEC	
ATE OF DEATH MONTH DAY YEAR 2b. HOL	1,01	Mode	OR PRINT)		
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E   IN YEARS LAST BIRTHDAY)   IF UNDER ) YEAR   IF UNDER ) WONTHS DAYS HOURS	5. DATE OF BIRTH DAY YEAR	4. RACE	^	3: SEX	
42 YRS.	Sep. 28 42	Black	Female		
LTIMORE CITY OR COUNTY OF DEATH	MARRIED NEVER MARRIED	76. CITIZEN OF WHAT COUNTRY?	RTHPLACE (STATE OR FOREIGN COUNTRY)		20
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	15. MOTHER'S MAIDEN NA	MIDDLE LAST	ATHER'S NAME FIRST	14. FA	
MIDDLE Banks	Sadie	Bank	Charles		00
ADDRESS 2.1	TY NO. 17. INFORMANT	MED FORCES? 166. SOCIAL SECUI	WAS DECEASED EVER IN U.S. AR		1
rison 4020 W. Garris	-8056 Kennith N	215-40	No	- 11	
DISEASE OR CONDITION GIVEN IN PART 1101	CE OF	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	NOI	
20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA S NO YES NO [		196. CONDITION FOR WHICH	19a DATE OF OPERATION	CERTIFICATION	9
NTER NATURE OF INJURY IN ITEM 18, PART 1: OR PART 2)	YEAR 19	TH HOUR A.M. MONTH DA	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		9
CITY OR TOWN COUNTY		21e. PLACE OF INJURY	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	MED	
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	DEGREE ATTENDING PHYSICIAN	Konsleur	226. SIGNATURE Movan (		
occurred on the date and hour and from the causes st  22c. DATE SIGNED  DICAL STAFF	ATTENDING	for ord Be	226. SIGNATURE Morian (*) 726. PHYSICIAN'S NAME (TYPEO 8604 Har		1
occurred on the date and hour and from the causes st  22c. DATE SIGNED  DICAL STAFF  ECTOR PHYSICIAN // - 6-84	ATTENDING PHYSICIAN	Ford Fel Sc 236. N	Monail.	23a. B	1
CITY OR TOWN COUNTY	M, ETC.) 21f. LOCATION STREET	21e. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (the becomes any obove, (b) (was taked) (did not obove, (b) (was taked)	MEDICAL	



FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

13. STREET ADDRESS / ZIP CODE 5511 Daywald Ave. 21206 LAST 21 206 Arthur R. Cordwell, Sr. 5511 Daywalt Ave. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 2431 Maryland Ave. Balto., Md. (467-4563) Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR TUNERAL Hame

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

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IF UNDER 24 HRS

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IF UNDER 1 YEAR

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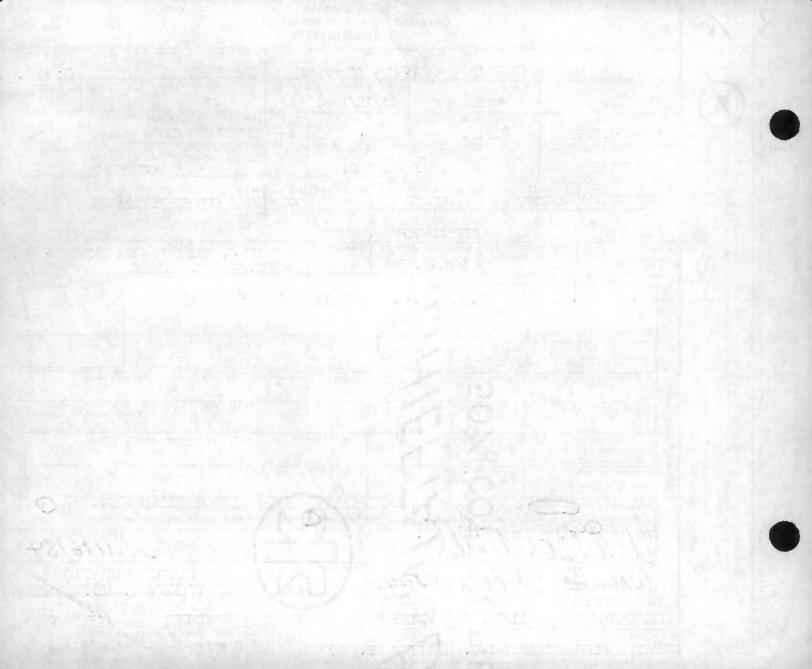
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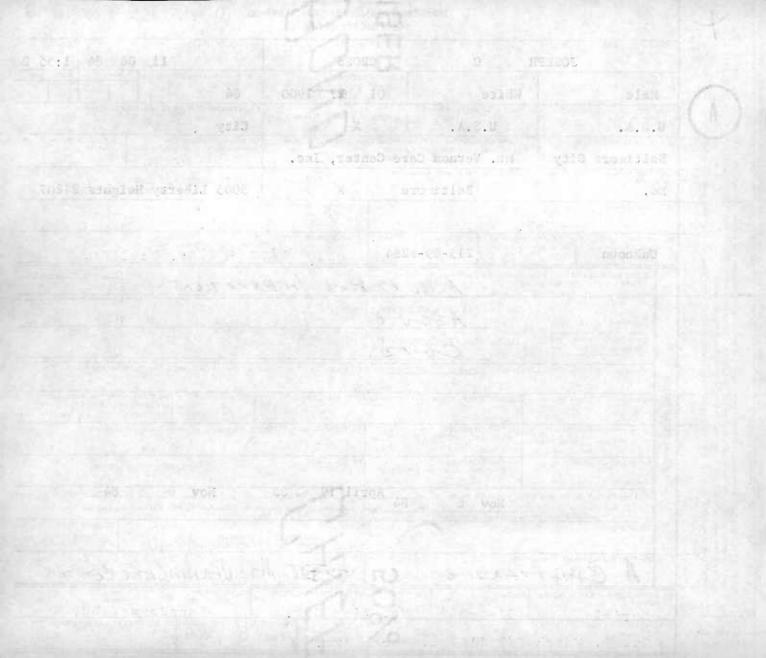
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	3	40	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEMTAL HY CERTIFICATE OF DEATH	0 4 6	9 / 0 6
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or of After	olth o	morked	-	AT WORK AT WORK	oital) attended the deceased from 7/2 19.8	4 , 11/11	19 8 4, that W (we) last
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e haspi	ed fo	Hem 2	_	above, (New (did) (did)	ot view the body after death.  DEGREE		22c DATE SIGNED
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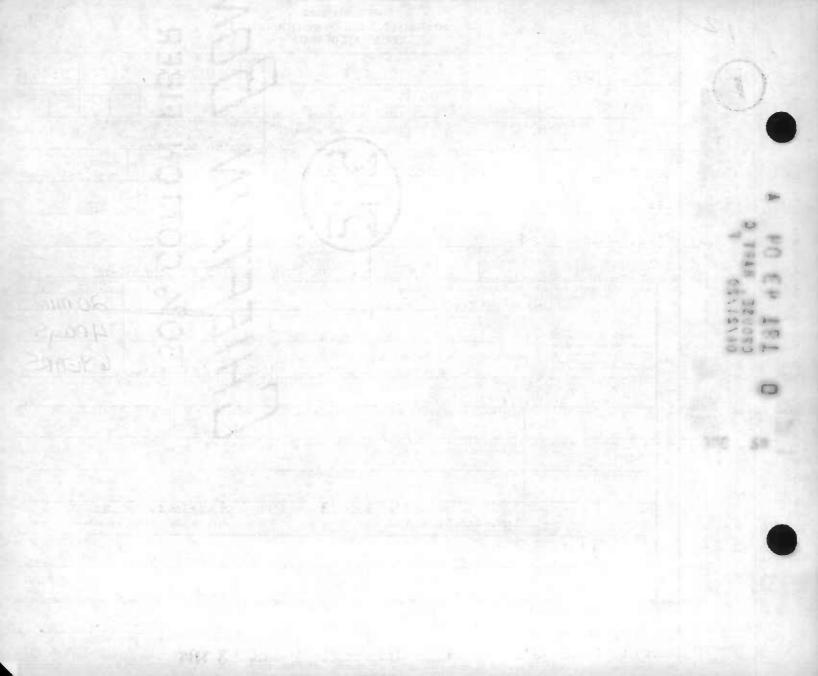


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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYG DEATH	IENE &	REG. NO.	l.	9 /	U	7
		EASED NAME	FIRST		WIDDLE	Į.	AST		2a. DATE OF I		NTH D	AY YEAR	2b. HOUR	D
	(TYPE	OR PRINT) MAF	RY		C	CRC	USE		NOVE	MBER	30,	1984	5:4	17 M
	3. SEX			I. RACE		5 DATE C			6. AGE (IN YEA	ARS LAST BIRTHD		FUNDERIYEAR	IF UNDER 2	of courts
	F	emale	3	White		June	21, 1	920	64		YRS	ONTHS DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FO	DREIGN I	b CITIZEN OF	WHAT COUNT	RY? 8.		-	9 BALTIMOR	E CITY OR		OF DEATH		
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1		TY OR TOWN OF DEAT	ГН	NAME OF		RSING HOME			12a. USUAL O	CCUPATION	1	12b. KIND O	F BUSINES	
	BA	LTIMORE	/	JOH		KINS H	HOSPIT	AL	Retire			eComm.	Colle	ae_
5	3a S	TATE  TYLAND	Howar	TY	13c. CITY OR 1	EFORE ADMISSION) TOWN COTT CT		CITY LIMITS?	13e STREET A			ne 2104	13	
2	I FA	THER'S NAME		NDDLE	LAST	37.30	15. MOTHER	'S MAIDEN NA		WIDDLE		LAS		
	la	te Martin			LASI		late	Catheri	ine	Chiak	otto	LAS		
h		AS DECEASED EVER I		NED FORCES?	16b. SOCIAL S	SECURITY NO.	17. INFORM		-240	ADDRESS				
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	8.	22a   certify that (I)		al) attended th	e. deceased fr	om Nevi	imper L	19 84	to N'	member	30	9 84	that (I) (w	re) last
		saw the decease	dalive an	Novem	tur 30	19.84 , a	nd that in (m)	(aur) apinian	death accurred	an the date	and haus	and fram the	causes sta	ted
		abave, (I) (we)(d 22b. SIGNATURE	did nat	view the body	after death.		DEGREE					22c. DATE	SIGNED	
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		22d PHYSICIAN'S NA	ME (TYPE OF	De Ch	nn+		22e ADDRE		12004	eins t	Jospi	1-1		
		URIAL, CREMATION, F	REMOVAL	23b. DATE		23¢ NAME OF C			23d LOCAT	TION OR TOWN	1	COUNTY	51	ATÉ
		Burial		Dec 4	, 1984	St Jol	nns Cer					Howard		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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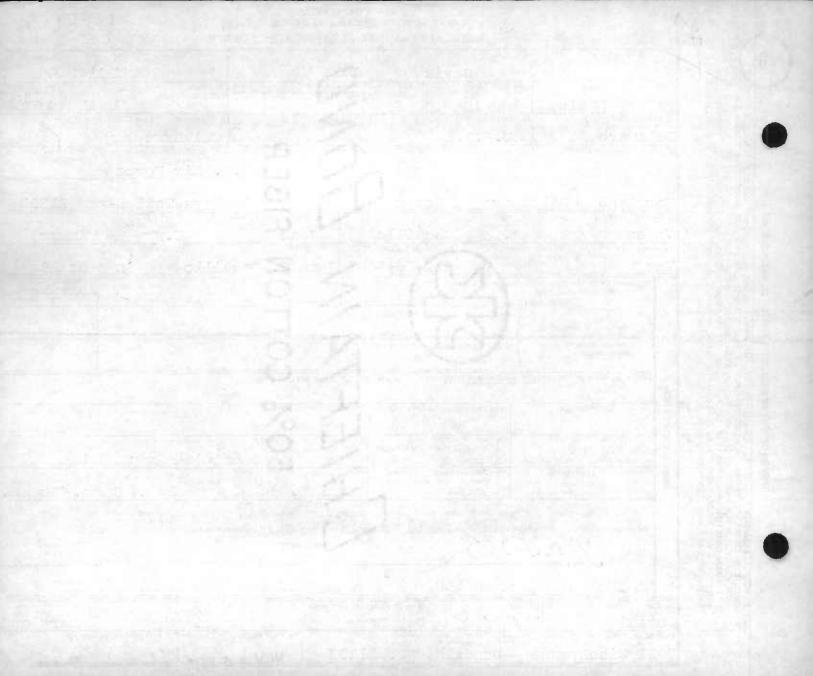
STATE OF MARYLAND

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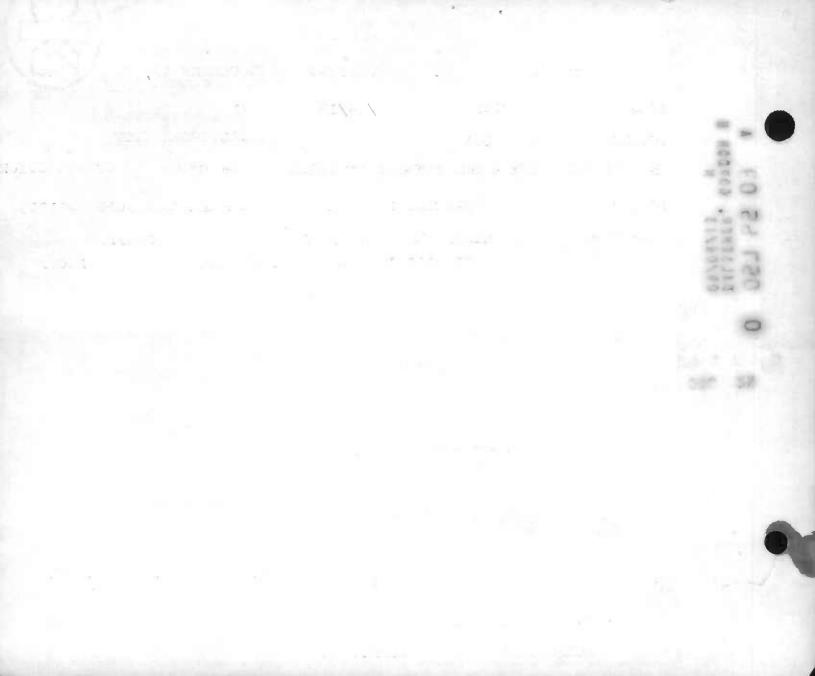


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME O. DATE KNOWN LITYPE OR PRINTS JAMES Davis DACHILLE DEATH MATED 19 84 4 RACE 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. SEX 2c. DATE 2d HOUR LAST BIRTHDAY PRONOLINCED 12:40 65 DEAD Male White 10 18 19 YRS 11 10 84 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIPTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRYL U.S.A. Delaware DIVORCED Baltimore City WIDOWED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Baltimore University Hospital (STU) U.S. Air Force SUAL RESIDENCE (IF IN NU 1534G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland NO X 10 Dove Tail Lane 21221 Essex M FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Dachille Himmer James Jean VAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 212-76-6095 Jean C. Dachille Same as 13e APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. NER. 1170-ICATE, WRITING THE WURE. FORWARDED TO THE CHIEF N. TOR: PAGE 3 SHOULD BE USED / THE STATE DEPARTMENT OF HE. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING ACK USE OF DEATH 10:20. 11-10-19 84 Operator of motorcycle/auto collision. 21e PLACE OF INJURY (AT HOME. 21f LOCATION 71d INTURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARDS TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BAITIMORE, MARS, N.D., 21201 street Haven St. no. of Lombard St., Balto. City, Md. 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide \_\_\_ Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 11-11-84 SIGNATURE\_ EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 11/14/84 Baltimore Maryland Oak Lawn 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Duda-Ruck LODRESTING. **DHMH - 17** 7922 WiseAvenue Dundalk, MD. 21222 (VR A15 ME (5))



15	1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.					
( 10 M	T. DECEASED NAME FIRST JOHN	N L.	DALMASO	NOVEMBER 12,	Y YEAR 25. HOUR P 1984 11:39				
of Control	3. SEX	1. RACE WHITE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS INTH'S DAYS HOURS MIN.				
leath. Pog	7a. BIRTHPLACE (STATE OR FOREIGN CONTRY)  CONTRY)  CONTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	TY MD.				
	BALTIMORE		KINS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY				
No should be should be should be		OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN DVNDA	YES NO NO	13e.STREET ADDRESS / ZIP CODE 1227 HILLSHIKE	RD ZIZZ				
So completely and 2 st and 2 s	ANGELO	DALM 450	15. MOTHER'S MAIDEN NA FIRST MAR	MIDDLE	GA LAST				
C medic	160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECUI WE WAR OR DATES) 218-63-0							
ST., BA	PART I. DEATH WAS CAUSE	oly one couse per line for (0), (b), one D BY:  TE CAUSE (0) EXANGU	WATTON VIA N	ASSIVE HEMORY					
DIVISION OF VITAL RECORDS, 201 W. PREST ON ING PHYSICIAN. The law requires that the death c r attending physician.  If the this certificate has been signed by the attending of the burial-transit permit. Then please femave card ha and Mental Hygiene prior to burial, cremation, or orked ar them 18 sp. w. cry injury, ar ather traumating or orked ar them.			BLE RUFTHRED	AORTA  RTTC GRAFT  MINAL DISEASE OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF ST				
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NG PHYSICIA or other displayers the this certification of the buriebent of the buriebent of	GLE STITISBUTING CASSE OF DISC.	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE					
END Pal and All Is m	saw the deceased plive on	tol) ottended the deceased from	, and that in (my) (our) opinion	death accurred on the date and hour of					
SPITAL OR ATT I by the hospital CRAL DIRECT DIRECT Store Dept. of I fam 2	22b. SIGNATUR	Theat	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	1/-/3-84				
O HO stained TO Full MPOR	22d. PHYSICIAN'S NAME (TYPE C	STUART	JOANS HOP	KINS HOSPITAL	LTO. MD. 21205				
ВР	230. BURIAL, CREMATION, REMOVAL	1. 14 /01/ 11	SLLY HILL	23d LOCATION CITY OBTOWN BALTO.	m O. STATE				
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FUNERAL DIRECTOR  NAME  CON WELLY	Conel AL Home	OF DUNDALK NO	V 1 4 1984 Julia D	ar's signature				

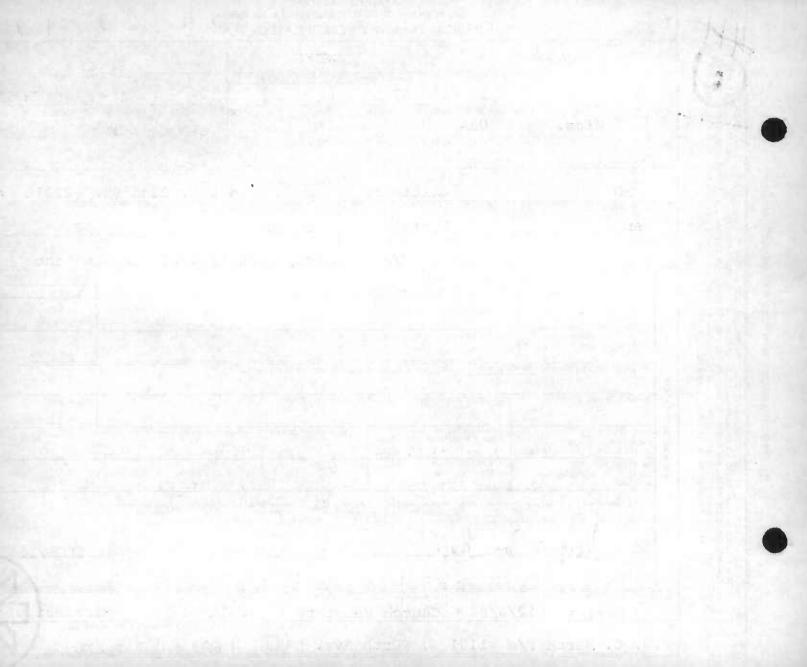
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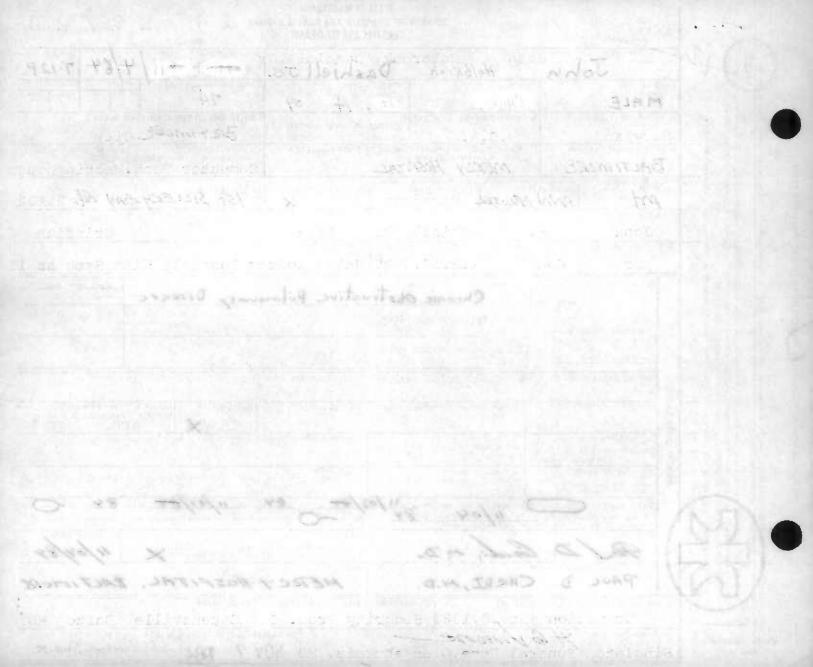
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13	1 -	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH A CERTIFICATE (		IENE 8 4	2 9	7 1 8
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3	. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH		
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øj 7		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	IRY? 8.	(50 LL 100)55 D	9. BALTIMORE CITY OF	COUNTY OF DE	ATH
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P 1	0. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		INSTITUTION	12a. USUAL OCCUPATIO	N 12b. K	KIND OF BUSINESS OR USTRY
#31		BaITIHORE	Francis Sc	OH ROY M	ed. Cen.	Clerical	- 0	roun Cor
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- t		18 CAUSE OF DEATH (Enter or		) and ici i		77.13.75		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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2 0 5	FIC						IN CERTIFYING C.	AUSES OF DEATH?
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2		sow the deceased alive or			(py) (our) apinion	death occurred on the da	te and hour and fre	. /
8		AAL CAONIATION	view the body after deoth.	DEGREE				DATE SIGNED
If Ite		Callienia	K. Chow MD	DEGREE	ATTENDING PHYSICIAN [	MEDICAL STAFF		11/8/84
Z Z		22d PHYSICIAN'S NAME (TYPE		22e AD	DRESS	William Inc.		
IMPORTAN		CATHERINE	K. CHOW, M	.D. FRAI	NCIS SCOTT	KEY MEDICAL	CENTER	84-1
3 ₹	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	, COUNT	Y STATE
		Burial	11-10-84	Holy Kee	Leemer	Balto	· Ma	ryland
M 4/83		INERAL DIRECTOR		12/21	250. DAT	E REC'D. BY REGISTRAR 2		IGNATURE LOO
4)	10	Seph IV. ZANA	1, 110 762 5 ADDR	ONKLINE	S4 NI	JV 9 1964	Geolia David	Mark Contract
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L-DECEASED NAME 20. DATE OF DEATH John Holbrook HolbRook November 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH YEAR OP MALE White Dec TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORY Maryland U.S.A. DIVORCED WIDOWED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE MERCY HOSPITAL Computer Tech Westinghouse SUAL RESIDENCE HE NURSING HE AR OR OTHER INSTITUTION la STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 150 SILL Pasadena NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Griffith John Η. Dashiell, Sr. IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213.16.5626 Helen Audrey Dashiell Wife Same as None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I
PART I. DEATH WAS CAUSED BY: Obstructive Polmonary Disease IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO IT 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 11/03/24 220.1 certify that ( (this hospital) attended the deceased from. and that in the aur opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DE GREE ATTENDING DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be CARDI, M.D. MERCY HOSPITAL, BALTINGA 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Nov. 8,1984 Security Proc. Inc Catonsville BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Julia Davidson Randoll (VRA 15, 4) Singleton Funeral Home, Glen Burnie, MD



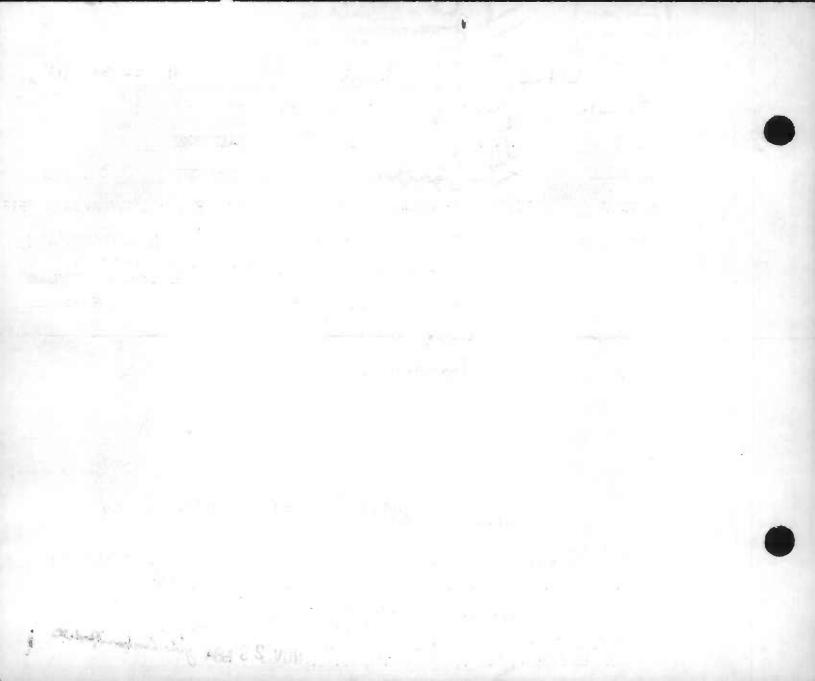
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AMINE			OR PRINT)	IRST	MIDDLE			AST	26. DATE OF DEATH		DAY YEAR	2b. HOUR
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VE.D	THE BY		RTHPLACE (STATE OR FORE		S.A	T COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OF			MD.
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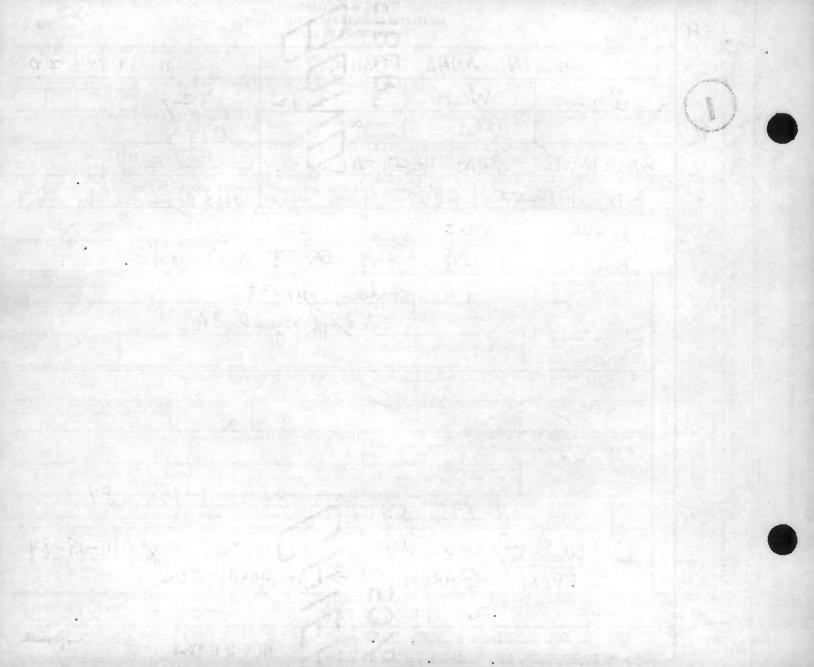
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H = -		1 21	MONTH DAY YEAR	LAST BIRTHDAY) MONTH		PRONOUNCED	11:4
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OF EEE SEE	10 0	IT OR TOWN OF DEATH /	11. NAME OF HOSPITAL, NU			ISUAL OCCUPATION (TYPE O OR MOST OF WORKING LIFE)	OR INDUSTRY
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		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b)	), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S OFOEW.	13	PART I DEATH WAS CALLED	ED DV		Carañi arra a cara la	m Dianaga	BETWEEN ONSET AND DEATH
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NO A TY			DUE TO, OR AS A CON	ISEQUENCE OF			
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SATANA SA		cause (a) stating the under		ISEQUENCE OF			
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A B S S S S S S S S S S S S S S S S S S		PART 2 DTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASI	DR CONDITION GIVEN IN PART 1 10		
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O SAN		210 EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HC	OW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
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EXAMINER: CERTIFICATION BE FOR DIRECTOR: WITH THE			1 132 //				The spinor
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ICAL EXAMIP STHE CERTIFIC SHOULD BE ERAL DIRECT ERAL, WITH 1 ORE, MARYLA	4	SIGNATURE	John Mary	M M	Chief M	EDICAL EXAMINER	DATE 11/7/84
OEA STATE		1		- M			
AEDI SE 4 SE 4 SE R DE	+	(TYPE OR PRINT) Tho	mas D. Smith,	M.D.	ADDRESS 111 P	enn St.	
TO MEDICAL EXAMINER: EXCUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	720 1	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY O	ADDIKE 33		
F W W F V W	230.0	SPECIFY)	11-10-84 7	TAME OF CEMETERS O	CHEMIA) DKI	LOCATION ITY OR TOWN	COUNTY STATE
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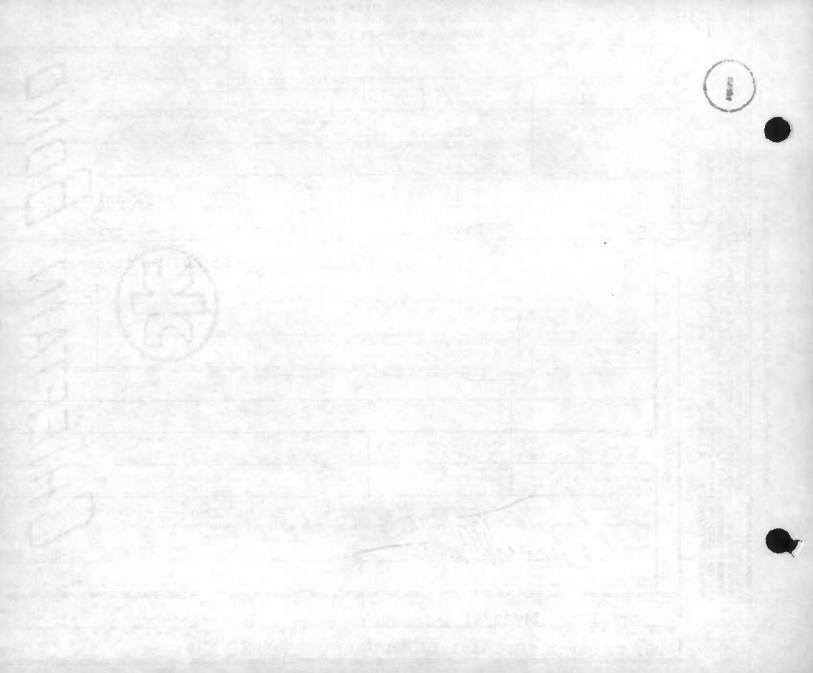


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9 75	I. DECEASED NAME FIRST	DAVIS	LAST	te. Bittle Of Bertiti			
ge 4 moy	F FEMALE	4. RACE BLACK	5. DATE OF BIRTH AUGUST 5 1908	6. AGE (IN YEARS LAST BIRTHD	DAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
• or the Po	70. BIRTHPLACE (STATE OR FOREIGN MISSISSIPPI	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED MORCED DIVORCED	BALTO C	COUNTY OF DEATH		
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AND 212 n 24 hour filled in nould be	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COUL		TU YES NO TY	130. STREET ADDRESS	MALL RIS		
MARYL ted within ompletely ond 2 si	14 FATHER'S NAME JOHN		MITH SARAH	MIDDLE	THOMPSON		
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysician and completely filled in by apers. Pages and 2 shauld be fill you. It, the medical examiner talk be m	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)  UNI	SECURITY NO. 17 INFORMANT  SOURCE STATE OF THE STATE OF T	ADDRESS 4324 HARTFOR			
s, 201 W. PRESTON ST., ires that the death certifi gred by the attending ph nn please remave carbons burial, cremotian, or rem	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	abetes Mel	letus Lectron Whal disease or condit	TION GIVEN IN PART }10		
TAL RECORDS The law requiricion. The has been sissi permit. The signer prior to show any injury	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	0	YES NOTE	106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
OSPITAL OR ATTEND ed by the hospital of UNERAL DIRECTOR, 4 d be detached for use the State Dept. of Hea	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE ATWORK AT WORK  220.1 certify that (1) (this hosp  sow the deceded glive and	ATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI  1) view the body after death.	FFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN  CITY OR TOWN  CHEATH ACCURRED AN THE date  MEDICAL STAFF  DIRECTOR PHYSICIAL	that (I) (we) lost and haur and fram the causes stated		
TO He retain	230 BURIAL, CREMATION, REMOVAL	23b DATE	231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
DHMH - 16 50M 4/82	BURIAL  24 FUNERAL DIRECTOR	11/27/84	HARMONY MEMOIRIAL 250. DA	LANDOVER TE REC'D, BY REGISTRAR 25	MARYLAND RG		





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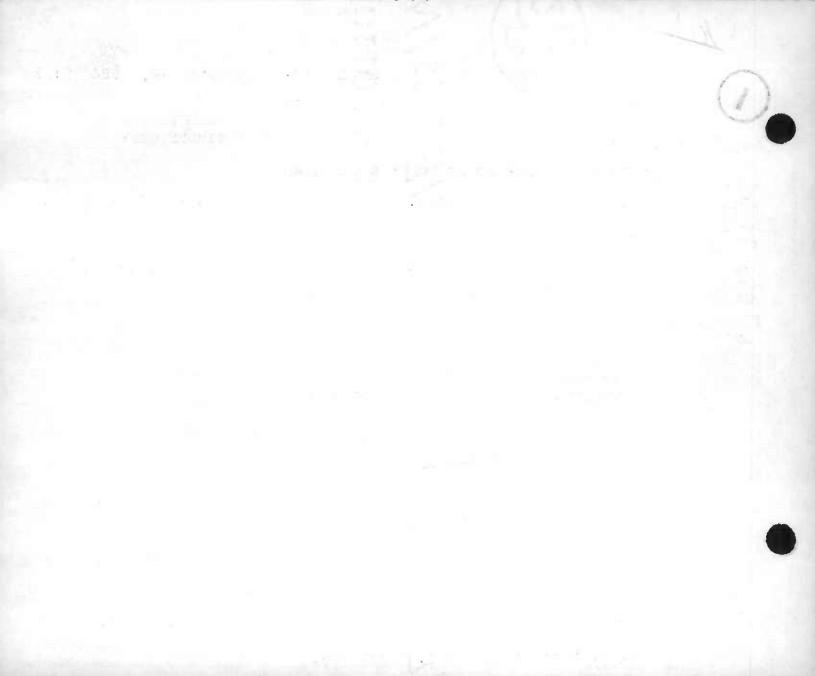
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	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE THE JOHNS HOI	T ADDRESS)		1	TYPE OF WORK FOR MOST OF			F BUSINESS (
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T	NO.			Annie	DAVI	S 970 E.		APPROX	MATE INTERVAL ONSET AND DEA
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ARA DIAC  AR							0.0	ulia
ATION		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	NIA		AL DISEASE OR CONI	20b. IF YE	S, WERE FINDIN	NGS USED
0	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)			HOW INJURY	OCCURRED	) (ENTER NATURE OF INJUR			
MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		STREET		CITY OR TO	wn	COUNTY	STATE
	22a.1 certify that (1) (this haspital) attended the deceased from 19 31 19 51 10 10 10 19 sow the deceased alive on 19 51 19 51 19 51 10 10 10 10 10 10 10 10 10 10 10 10 10								
L			DEGR	FF					
	226. SIGNATURE  27d. PHYSICIAN'S NAME UTVI	aufu	MD	ATTEN	DING CIAN []	MEDICAL STAF	F IANE	22c. DATE	SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

ADDRESS E . March F/H 1101 North Ave

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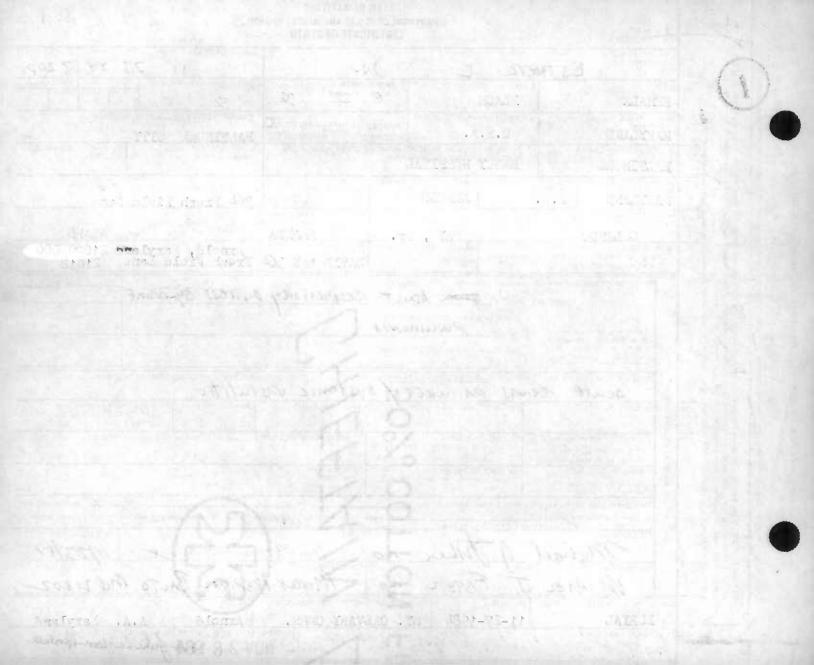
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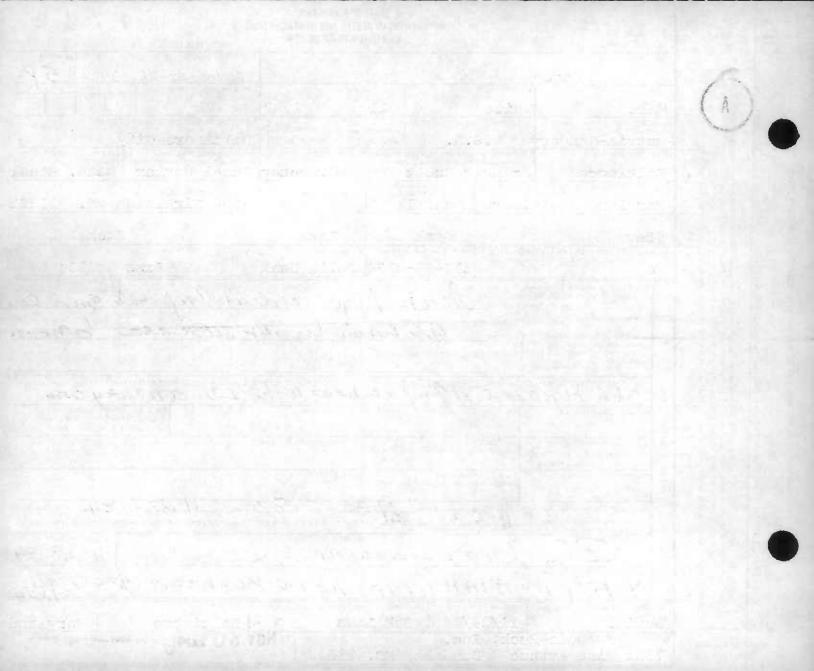
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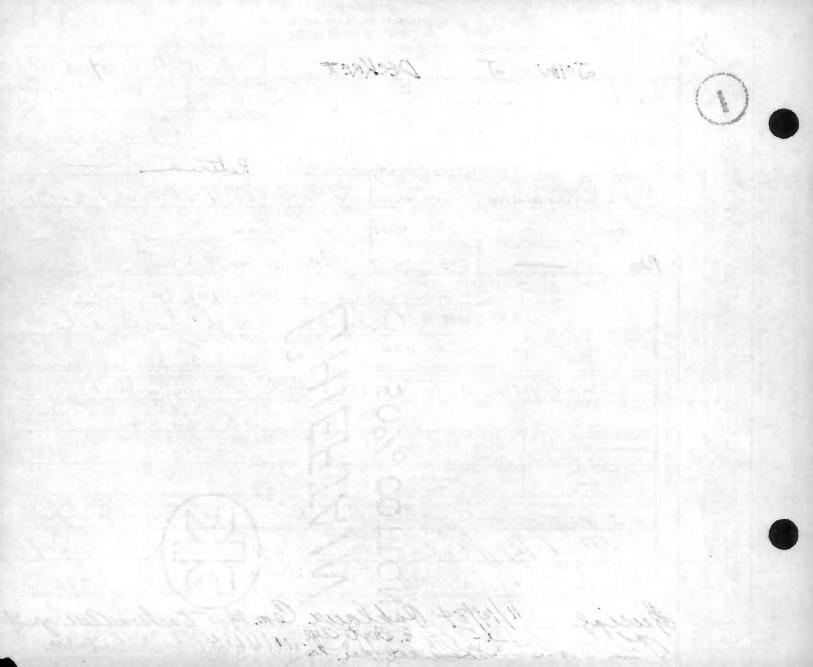
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 1/B1

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH 2h HOUR DECEASED NAME (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR male CAUCASION 1906 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | MAKYLAND DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore OVTHRAUTIMINE Cane USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAMO 4 TOUSONST RALTIMORELITY BALTIMORE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ECKRET KATHERINE TUUN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 088 056249 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and ic PART I. DEATH WAS CAUSED BY. Pulmina IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE VEE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 706. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220-1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on abave, (I) (e) did) (did not) view the body after death. and that in (my) our opinion death accurred on the date and hour and from the causes stated DEGREE 22b. SIGNATUR 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN PORTAN 22d PHYSICIAN'S NAME ITYPE OR PRIM 22e ADDRESS 30015. HANoverst 3AUTIMURE, MA ION, REMOVAL DHMH - 16 50M 4/83 (VRA 15, 4)



7	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	9 / 3 5
( no.	(TYP	CEASED NAME FIRST FOR PRINT) JAME		EFINBAUGI+	11/25/84	DAY YEAR 26 HOUR 435AM
	3. SE	M	4. RACE	S. DATE OF BIRTH  MONTH  IN 10 1961	6. AGE (IN YEARS LAST BIRTHDAY)  83  YRS	MONTHS DAYS HOURS MIN.
rer death. Per funeral d within 72 ha	n	MEYLAND	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
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AND 212	130.	AL RESIDENCE (IF NURSING HOME OR ISTATE 13b. OUN	TY 130CITY OR 1	OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRES	AB CIRCLE 21221
maryland ompletely filled on 2 should		Samuel I		baugh Susie	WIDDLE	'homas
BALTIMORE, cote be execut ysicion and coppers. Pages 1 yol.		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	50579 CHART	& Betty Lou Har	ris - Same as #13
: # 495 =		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line for (a), (b) 8Y: CAUSE (o)	DIAC AMEST		BETWEEN CHISET AND DEATH UNICOUN
W. PRESTON ST of the death certi by the attending p se remove carbon cremation, or rem		Conditions, if any, which	DUE TO, OR AS A CONSE	7513		unimoun
that the that by the ease remain of, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	KNOWN		UNKNOWN
2 8 9 E E	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (	SIVEN IN PART ITO
BIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir coffending physician. After this certificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior to but and Mental Hygiene prior to but and defined or item 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES NO.	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \textstyle NO \textstyle
ON OF VITA  TYSICIAN: T ding physics sis certificate burial-transi Mental Hygis And Hygis por item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM )	
DIVISION DING PHYS or ottendin After this or After this or all the ond Me morked or b	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TENDI or ISE or Use or Use of Heal		saw the second divelor_	al) attended the deceased from		death accurred an the date and h	, 19 8 4, that (I) (we) last
0 0 0 0 0		22b, SIGNATU	we the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	276 DATE SIGNED
TO HOSPITAL (cetolined by the TO FUNERAL E should be deto with the Store I MPORTANT; if		TOBELT HY	twon/	MERCY HO		ito.mo
BP		URIAL, CREMATION, REMOVAL Removal	23b. DATE 11/25/84	36 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FU	INERAL DIRECTOR NAME Anatomy Bo	ard	Balto. Md. NOV	29 988 Julio	STRAR'S SICHATURE

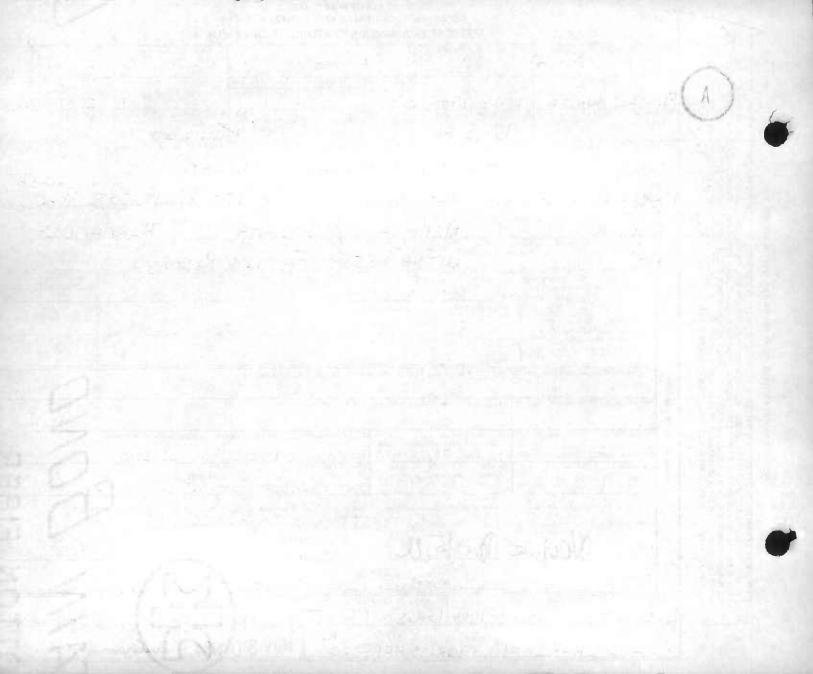
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6	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8	€ğ O.	2 9	1 ~
be 3 eoth		CEASED NAME AKA Veroni	(Vera)	ecilia	-	Marco	20. DATE OF DEATH	MONTH D.		3 45 AM
Page 4 may	3. SE	Fencie	4 RACE	i.se	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
to the	M	RTHPLACE (STATE OR FOREIGN aryland	76. CITIZEN OF US	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED D	Baltimore city of Baltimor			MD.
trs ofter de by the fun filed within	]	ty or town of death Baltimor e	Merc	y Hospit	al	R OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WO			ical
AND 21:	Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY 136 C	OTHER INSTITUTION	13c. CITY OR TOW Baltime		13d INSIDE CITY LIMITS? YES X NO []	13e. STREET ADDRESS 1317 E. ]	Belved	lere Aj	
ompletely ond 2 s		Edwin .	MIDDLE L.	Baker		15. MOTHER'S MAIDEN NAM Nellie	MIOOLE		.eynolå	
ircote be execu hysicion and co popers. Pages loval.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	220 - 30 -		Mr. Peter F	DeMarc		way, C	Woodelves Columbia,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours cartending physician.  When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygene prior to buriol, cremation, or removal.  Or seed or them 18 shows ony injury, or other traumotic event, the medical exchanier must be here.	NO	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, O (b) DUE TO, O (c1 C		ENCE OF	+ factore	INAL DISEASE OR CON	DITION GIVE	N IN PART III	
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
SION OF VITAL R PHYSICIAN: The II ending physicion. this certificate hos e buriol-transit pee ad Mental Hygiene d or frem 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF OF CHILD CAUSE OF OF CHILD CAUSE OF OF CHILD CAUSE OF OF CAUSE OF OF CAUSE OF OF CAUSE OF OF CAUSE OF	HOUR A.		AY YEAR	21c. HOW INJURY OCCURR		- 1607		
00 40 E	WE	WHILE NOT WHILE AT WORK  22a.   certify that (I) (this hospi		REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET 1984	CITY OR TO		COUNTY	state that (I) (we) last
TAL OR ATTEN by the hospital RAL DIRECTOR, detoched for us tote Dept of He NT: If Hem 21 is		saw the deceased olive on abave, (I) (we) (did) (did no 22b. SIGNATURE	nt) view the body		- 1	d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	leath accurred an the d	ate and haur	22c. DATE	causes stated
TO HOSPITAL Of HOSPITAL OF FUNERAL IS should be detoo with the Store IMPORTANT: If	22		m Wosc	cher, M.		Mercy Hos		St. Pa	ul Pl.	
BP		Cremation, REMOVAL	11-2	4-84 V	Vestv	emetery or crematory iew Memorial				ore Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FU	Martin D. La		40 Woores P Timoniu	adoni m, M	a ruau i	V 2 8 1984		widson-	

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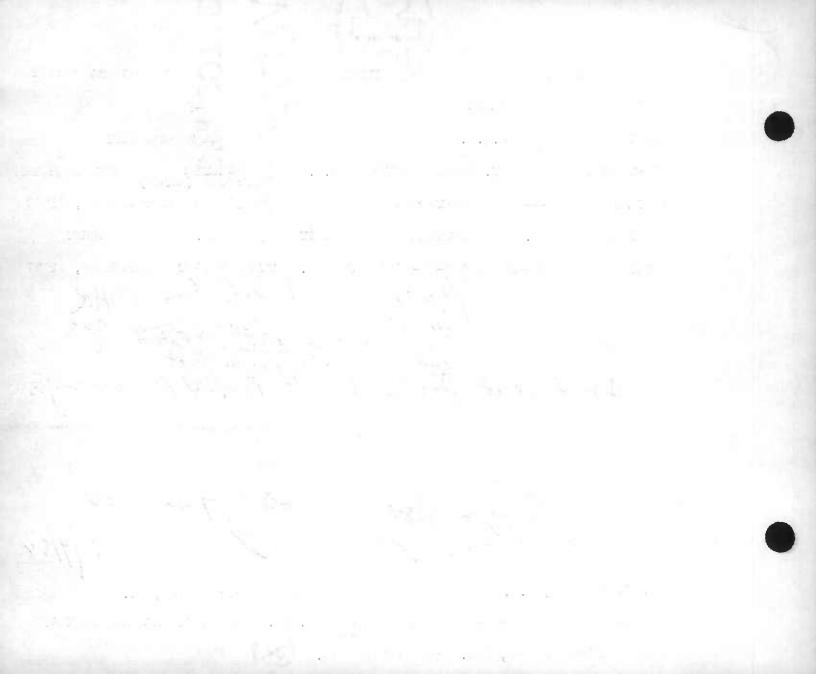
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR KNOW 20. DATE (TYPE OR PRINT) OF ESTI-Susan Demoya DEATH MATED 2819 84 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. YEAR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED nov. b DEAD WHITE 28 19 84 7:084 BIRTHPLACE (STATE OF 76 CITIZEN OF 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED DIVORCED Baltimore City 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b KIND OF BUSINESS WORKING LIFE OR INDUSTRY SRK Baltimore Carter and White Avenues 21236 13d. INSIDE CITY LIMITS? Se STREET ADDRES FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATEST CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries USED AS A BURIAL-TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION A CHIEF OF HEATHER TO BURL 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR \* MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:00 P.M. 11/28 1984 CATE, WRITING TO CORWARDED TO TOR: PAGE 3 SHOTH STATE DEFAULT OF THE STATE DEFAULT. passenger in auto/van collision 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE street Carter&WhiteAvenues,BaltimoreCity, MD PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAILLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 11/29/84 SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell.M.D ADDRESS 111 Penn Street, Balto, MD21201 TYPE OR PRINT 23d. LOCATION BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** SMORIZS HARFORD Julia Davidson-Randalle (VR A15 ME (5)) 20M 4/B2

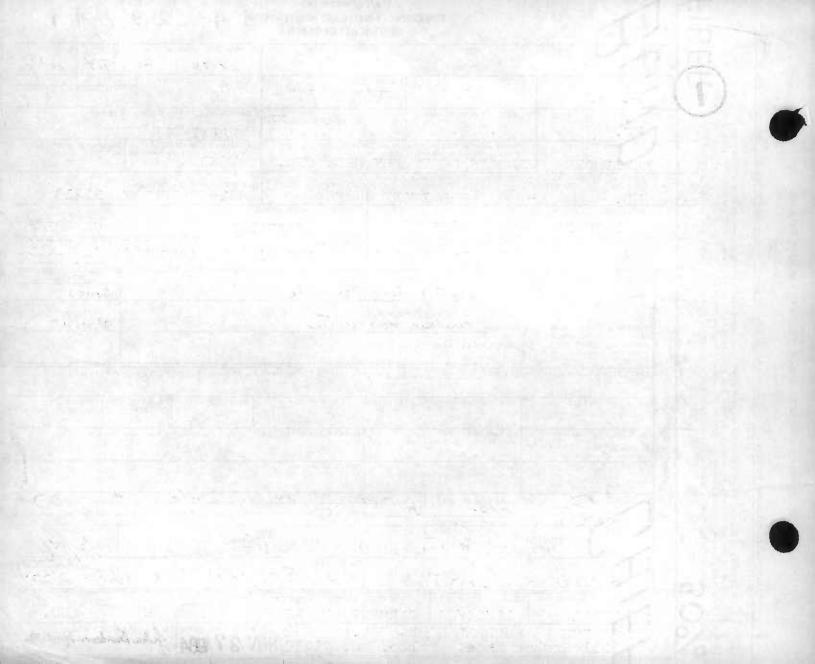


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DHMH - 16 50M 4/83 (VRA 15, 4)

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J		REGISTRAR					TCATE OF DI	CAIN		REG. N			YEAR	Torrison	
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	10.C	ITY OR TOWN OF DEAT	н 1		HOSPITAL, NURSE		OR OTHER INSTI	TUTION		OCCUPAT			L KIND C	F BUSIN	ESS OR
0		BALTIMORE		-	AGNES HO		L E.R			ECTION	Q-			N S	STEM
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7		JOHN		ODLA.	DETTLER			TTH		P.			ASH		
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	=	III CAUSE OF DEATH			1		A JOHN	L. DEL	LLIER	1230	EN O	OAA	APPROX.		
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3	CERTIFICATION	19s DATE OF OPERATE	OH	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	76s. AU	TOP517	20b. IF 1	ES, WE	CAUSES	VGS 6	D.
7	Ĕ								YES [	HOD		YES []	CAUSES	NO.	
5	1 8	21s. ACCIDING WAS UNDER	Erres []	21b. TIME O		sas auras	TIL HOW INJ	URY OCCUR	RED (INTE	NATURE OF PUR	per in the c	E PART I C	RPMT2):		
1		OF CONTRIBUTING C CA		HOUR A.	M. MONTH D	AY YEAR									
	MEDICAL	THE INJURY OCCURRE		71s. PLACE	OF INJURY		TIL LOCATION	N		(C-3)	NO.		Year		27.25
	×	WHILE AT WORK AT WORK	0	EAT HOME, STE	HET_FACTORY_OFFICE,	FHEM ETC.)	30467	~		CITY OF R	2WH		OUNTY		STATE
		27s.1 certify that (I) (1		all attended th	e deceased from,	5-0	_	19.6C	)_ to	7-	16	19_	84	that (1)	(we) last
		upw the deceased above, (fi (we) (dia	olist on_	7	-(b 19_		nd that in (my) (	our) opinion	death accur	nyth on the c	late and h	our and	from the	coupes s	toted
		77h SIGNATURE	6	11	girer deone	_	DEGREE	on Voly 2-108-1	1	vo		1	Zt. DATE	SISNE	1
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-	23a. 1	BURIAL CREMATION, R		23k DATE	23c	NAME OF	EMETERY OR C	CHERRY	173d LO	CATION	editie y	MD.			
		BURIAL	1	11-10-	-84 MF	ADOWR	IDGE ME	M. PK.		KRIDGE	E HO	WARD		RYLA	ND
	24. F	UNERAL DIRECTOR					1229			REGISTRA	25h REGI	STRARS	SIGNAL		
	Н	UBBARD FUNE	RAL H	OME T	NC. 4107		(19) PE (19) PE (19)	NOV	9	1984	المعداد	autdoe	and.		
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1/1	/			STATE OF MARYLAND			
1	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 9 7	4 2
X		EASED NAME FIRST	WIDDLE	LAST	REG. NO	O.  MONTH DAY YEAR	R 26. HOUR 10
( G = )	{ TYPE	Eugen	e O'Brien	Dickerson	11-1	21-84	6 A M
20	3. SE)		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TY	
urs of	1	1A/e	BLACK	9 18 15	69	YRS.	
of the	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		N	1.
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or rel		IMMEDIAI	DUE TO, OR AS A CONSEOU	ENICE OF	7,00(00)		11.00
fron, oumo		Conditions, if any, which	( (b)	ince of			
remo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF			
or of			(c)				
hen p to bu	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PAR	I Ito
mit. I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED
it per	TIF				YES NO NO	IN CERTIFYING CAU	NO [
B show		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
Mentol r Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
ed o	MEC	WHILE NOT WHILE	11e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	ARM, ETC ) 211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
mork		276 L certify that (I) this hospi	ital) attended the deceased from_	NOV 20 10 8	4 to NOV 2	1 1084	_, that (I) (we) last
of He 21 is		saw the deceased alive on abave (1) we) (did) did no	NOV 21 198	11/	in death accurred on the do	te and haur and fram	
tem tem		226. SIGNATURE	View the body after death.	DEGREE		111.00	AJE SIGNED
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		22d PHYSICIAN SNAME PHIPE OF	(R PRINT)	22e ADDRESS	100 C 15	_ /	
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		URIAL, CREMATION, REMOVAL	236. DATE 236.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	Lacon Equity	+ A STATE
FOM 4/80	24. FU	INERAL DIRECTOR	111 2 1 0 7 D	2160/25a. D.	ATE REC'D. BY REGISTRAR	toon Ken	MANURE 1.00
6 50M 4/83 15, 4)	1=	RIC L. Dash	1211 P.O. BOX	606 EASTON NI	OV 2 9 1984	Julia Davidson	Marketin

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

Julia Davidson Rande 12

	LDEC	EASED NAME	FIRST	^	AIDDLE	1	AST		20. DATE OF DEA	TH MONTH	DAY	YEAR	2b HOU	P
		OR PRINT)	10,31						W. DAIL OF BLA				-	
	73		PETER	Jose	ph	DIET	OR			11	18	84	1	15Am
	3. SEX	(		4. RACE		5. DATE C			6. AGE (IN YEARS I	AST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	1	male		whit	e	9 MONTH	4 DAY	1914	70	Y	RS MONTHS	DATS	HOURS	MIN.
1	7a. BIF	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER	MADDIED []	9. BALTIMORE C	ITY OR COL	JNTY OF DE	ATH		
2		MD	1989	USA		WIDOWE		NORCED XX	Balti	more	City			MD.
1	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NUR		OR OTHER INS	TITUTION	120 USUAL OCC				F BUSINI	ESS OR
1	11	Baltimore	e /		Agnes		tal		Elect.				spi	tal
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n	16a W	VAS DECEASED EVER			166 SOCIAL SE	ECURITY NO	17 INFORM			ADDRESS	- 1 D-			MD
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		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line (0), (b),	ond Ic'						APPROXI	MATE INTER	DEATH
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		underlying couse		DUE TO, OI	R AS A CONSEC	OUENCE OF					3.4			
		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING T	TO DEATH BUT	NOI RELATE	D TO LIHE TERM	INAL DISEASE OR	CONDITION	GIVENIN	PART Ice	) :	
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	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	TION FOR WHI	ICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY		IF YES, WERE			
	TF								YES NO		ERTIFYING (	AUSES	NO [	
/	E E	210. ACCIDENT WAS UN	DERLYING [			5.1W WE.10	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITE	M IS PARTIOR	PART 2}		
		OR CONTRIBUTING		in .	M. MONTH	DAY YEAR								
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		sow the deceas	1	1 3/1.	0	01//	nd that in (my	(Gur) pinion	death occurred on	the date and	hour and f	rom the	couses ste	ated
		226. SIGNATURE	did)(did no	t) view the body	atter death.		DEGREE				22	c. DATE.	SIGNED,	
		Lee	Con	- 926	chem	(	mo	ATTENDING PHYSICIAN F	MEDICAL DIRECTOR DE	STAFF		11/	9/	20
		224 PHYSICIAN'S N	AME (TYPE O	R PRINT)	1 .		22e ADDRE	SS ,	0.	THISICIAIN D	-	1	1	-
		WILL	am	J. 4	ICKEN		5	of agn	es Hos	pites	5			
-	23a. B	URIAL CREMATION		13h DATE	2 12	3c NAME OF C	EMETERY OR	CREMATORY	23d, LOCATIO	4				
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SINGLETON FUNERAL HOME, GLEN BURNIE, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNADAR NOV 23 1984

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,	FOR 1 - STATE REGISTRAR	ı		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	29/6	3 5
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LA		20. DATE OF DEATH MO	ONTH DAY YEAR	26. HOUR
		RINNE B.	DIETRI		November 2		IF UNDER 24 HRS.
- 1	3. SEX	4. RACE	5. DATE O	DAY YEAR		MONTHS DAYS	HOURS MIN.
L	Female	White	Dec.	2, 1902	81	YRS.	
-	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
35	MD	USA	WIDOWE		Baltimore		MD.
oc	Baltimore	11. NAME OF HOSPITAL  (IF NOT IN SUCH FACILITY, O  12 Elmwo	GIVE STREET ADDRESS)	R OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	Home
38	USUAL RESIDENCE (IF NURSING HO	OUNTY 130 CITY	ence before admission) OR TOWN altimore	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e.STREET ADDRESS / Z 12 Elmwoo		21210
00	14 FATHER'S NAME FIRST  Macon	o. B	LAST Berry	15. MOTHER'S MAIDEN NA	MIDDLE	Doyle	51
-	160 WAS DECEASED EVER IN U.S	. ARMED FORCES? 166. SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
1	(YES, NO OR UNKNOWN) (IF YE	s, give war or dates) 214	20 3359	E. Alexande	er Dietrich,		MATE INTERVAL ONSET AND DEATH
, , , , , , , , , , , , , , , , , , , ,		DUE TO, OR AS A CO	onsequence of	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TON GIVEN IN PART 1	(a)
2	190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	196. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	
9	OR CONTRIBUTION CALLES	DE DEATH HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II		
	Q (IF EITHER NOTIFY MEDICAL EXA  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased aliv	rospital) attended the deceose on 2 2 and a did not view the body after dec	19 <b>4</b> , an	d that in (my) (art opinion) DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	and hour and from the	that (I) (w) last e causes stated E SIGNED
3 1		rton Gaines,		4	Road, Balte	o., MD	
	230. BURIAL, CREMATION, REMO	23b. DATE 11/24/84		EMETERY OR CREMATORY  Cathedral	Balto.,	COUNTY	MD STATE

21212

24 FUNERAL DIRECTO Henry W. Jenkins & Sons Co.

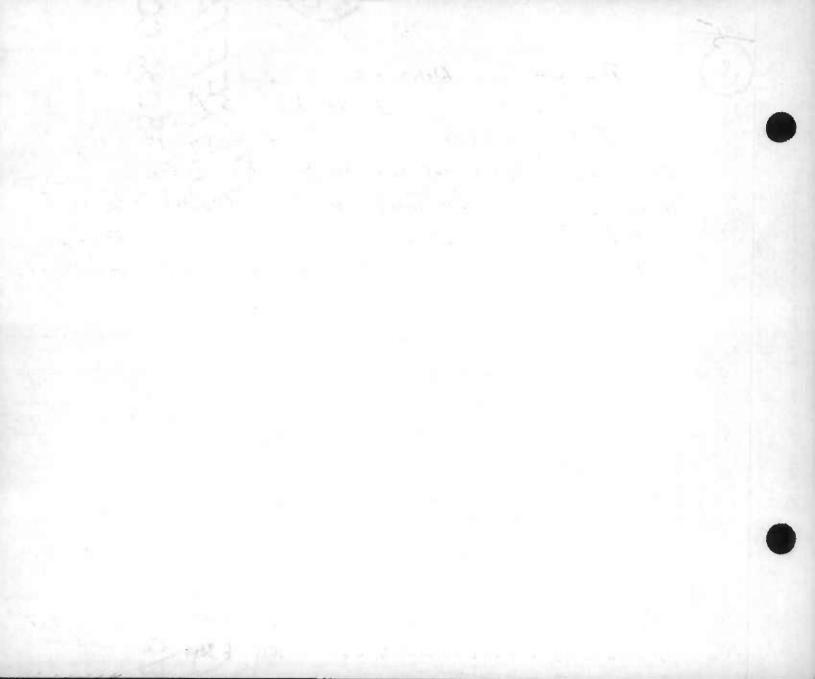
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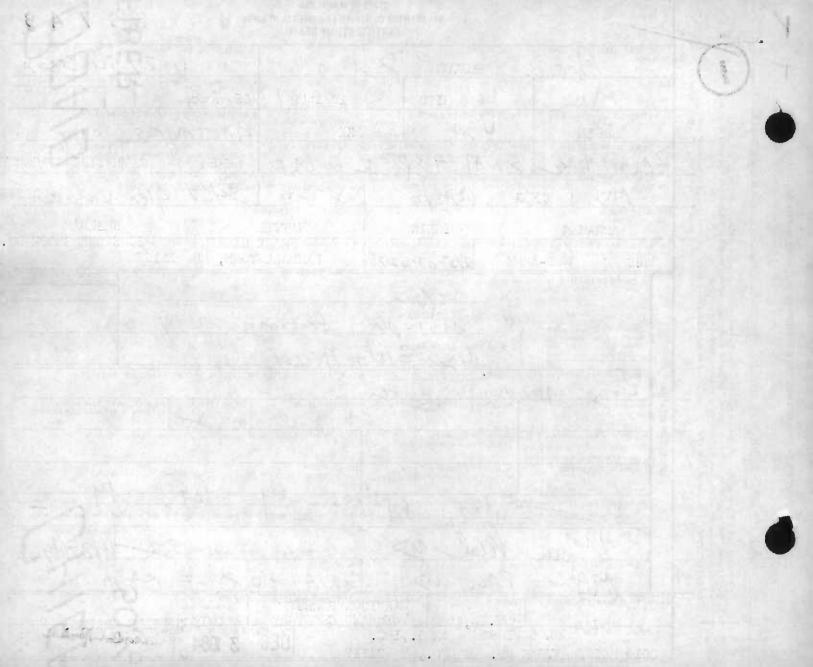
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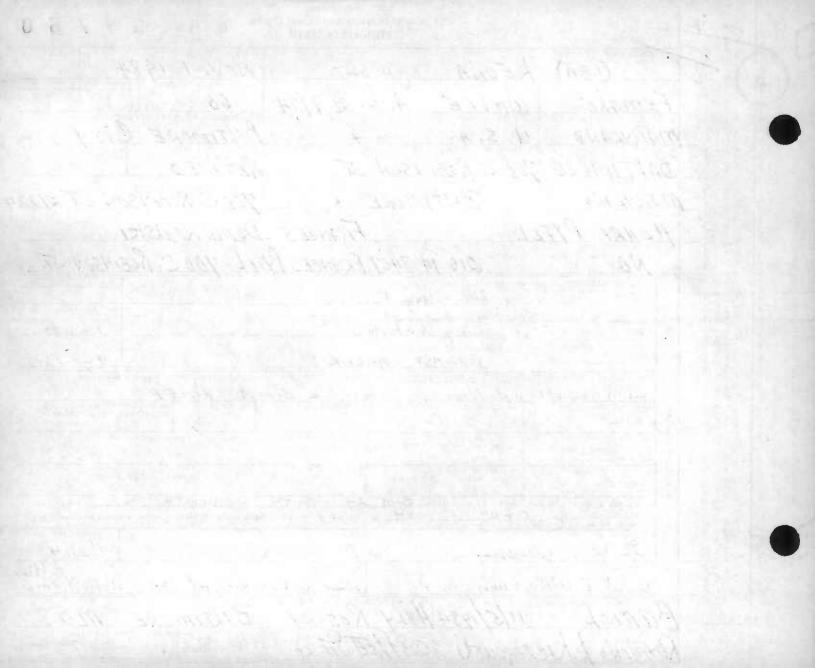
STATE OF MARYLAND



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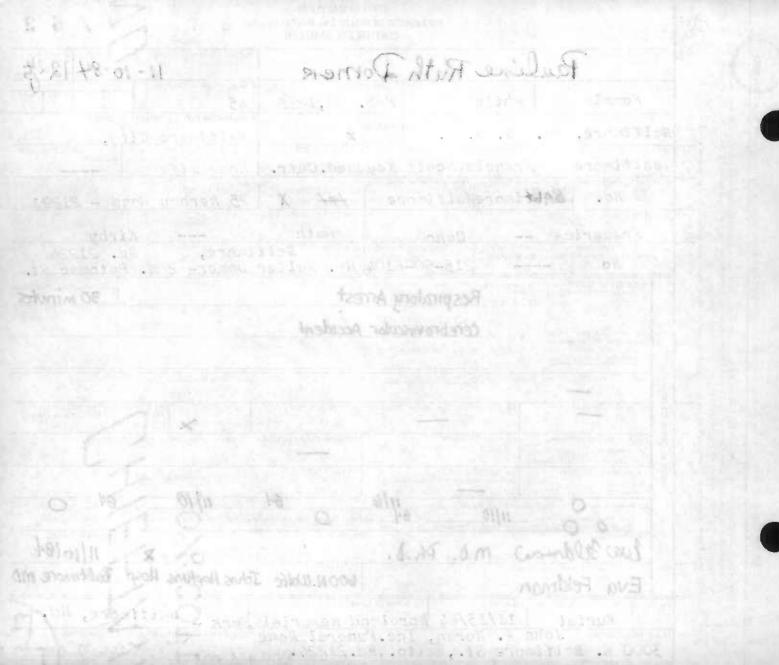
1 1	STATE OF MARYLAND	
21	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	9 7 4 9
	REG. NO.  DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	MORTON Distin	7 fy 5:30 A.
W / 1	RACE S. DATE OF BIRTH 6. AGE (INDUCARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER 24 HRS
~	MALE HITE 1921899 85 XXXX YRS.	MONTHS DAYS HOURS MIN.
22 san	16. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNT	Y OF DEATH
1 5/A	RUSSIA WIDOWED XX DIVORCED [] KACTYULE	CITY MD.
9 1 9 1 1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  JEF NOT IN SUCH FACILITY, GIVE STREET MORESS).  11 TYPE OF WORK FOR MOST OF WORKING I	126. KIND OF BUSINESS OR
1 1/L	SALTI COPY SINAL TIOSVITAL OF 15470 OWNER AL	OVERTISING AGENC
_ 0 _ 1	BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  30. STATE  136. STREET ADDRESS / ZUR COD	
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± 0/ 3/=	FATHER'S NAME  FIRST  MIDDLE  LAST  IS MOTHER'S MAIDEN NAME  FIRST  MIDDLE	IAST
ald Bu San	ABRAHAM DISKIN HATTIE	SHERMAN
70 0 .2	The second secon	805 BRENBROOK DR
Pog .	YES NOORUNKNOWN) WWI-ARMY 2/5-07-6278 RANDALLSTOWN, MD 21133	
pers al.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  OF PS S	
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aned n ple	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART Na
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d Me	(If EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. COCATION (IT OR TOWN)	COUNTY STATE
ter the hon rkee	WHIRE NOT WHILE AT WORK	tu
S. Af	22a.1 certify that (1) (this haspital) attended the deceased from (1) 20 1, 19 1, to 12 1.	19, that (I) (we) last
of H of H	sow the deceased alive an above, (1) two (did) (did not) view the body after death.	ur and from the causes stated
hed hem	226. SIGNATURE DEGREE	22c. DATE SIGNED
letoc pre D	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/27/14
TO FUNERAL D should be detac with the State D IMPORTANT: #	274 PHYSICIAN'S MAME (THE ORPRINT) 27e ADDRESS	11/1/11/
PO POR	MARCHAIL ND GNAIHOR- OF BA	210
₩ 5 3 ¥ 7	36 BURIAL, CREMATION, REMOVAL 236. DATE 236. CARRESON FOREST 234 LOCATION CITY OF TOWN	
	RIPLAI NOV. 28 1984 VETERANS CEMETERY OWINGS MILL	COUNTY STATE
	4 FUNERAL DIRECTOR SOI I EVITISON & DOC THE 1250 DATE REC'D BY REGISTRARIZE REC'D	TRAP'S SIGNATURE MD
RA 15, 4)	6010 REISTERSTOWN RD BALTO, MD 21117	VICTORY - I TO TO



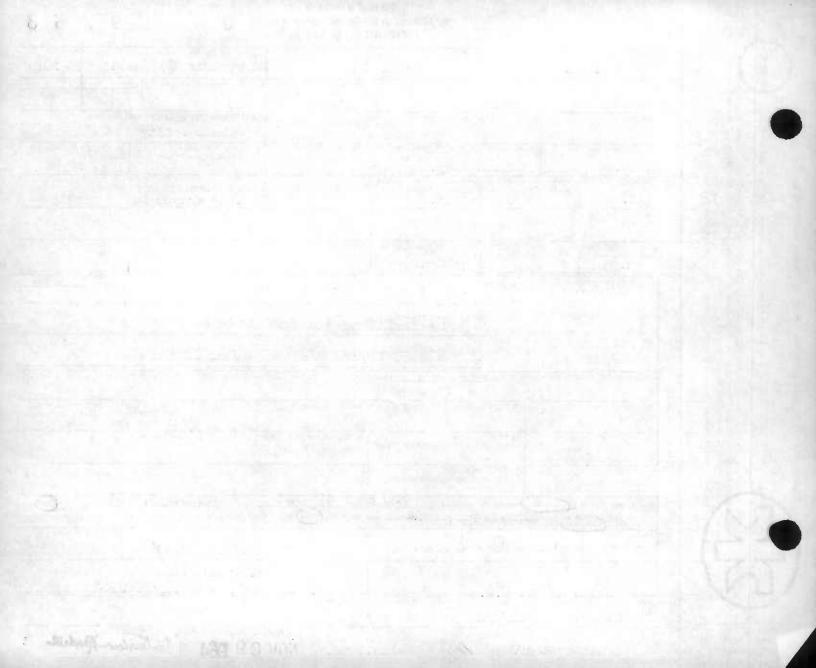


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-	STREET, STREET	1 587		5. DATE OF BIRTH 6: A	GE (IN YEARS IF UN		4 HRS. 2c. DATE	MONTH DAY YEAR	2d HOUR
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	WEEK AND THE WEEK	7a, 81	RIHPLACE ISTAIR ON	THE CHIZEN OF WHAT COUNTRY		IED NEVER MARRIE	) <u> </u>	DR COUNTY OF DEATH	
	AND TO SERVICE	in C	TY OR TOWN OF DEATH	III NAME OF HOSPITAL NURSIN	WIDOV	VED A DIVORCED	Baltimore	City FOFWORK 126 KIND OF BUS	MD
	PAGE PAGE	2	ltimore	NAME OF HOSPITAL, NURSING PRANCIS		ical Center	Ship yard	Shipyge	d.
	AND S	Usu. S	L RESIDENCE (IF IN NURSING HOMEO LATE 135 COUNT	I I post		YES NO	30 STREET ADDRESS 124 Lee Lawre	ence Ct. 212	222
	W 1-22011	14.17	THER'S NAME	MEDIT LAST		15. MOTHER'S MAIDEN	NAME MIDDLE	LAST	
	A SESSE	-	AMES W.	Johnson	SECURITY NO.	L DUISE	ADDRESS	Johnson	
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	3 8 8 F 6		PART I DEATH WAS CAUSED	rane couse per line far (o), (b), an BY: CAUSE a Arterios	clerotic	cardiovasc	ular disease	APPROXIMATE BETWEEN ONSET	
	PRESTON ST THIN 24 HO DIL IN ITEM ICR ALONG NAST PERM NL HYGIENE REMOVAL	1		DUE TO, OR AS A CONSEC					-16
	FAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S	1	Conditions, if any, which gave rise to immediate	(b)					
	DON, O	18	lying course last.	DUE TO, OR AS A CONSEC	DUENCE OF				
	DIVISION OF VITAL RECORDS, CERTIFICATE SHOULD BE EXECUTED TO THE CHIEF MEDICAL, ES SHOULD BE USED AS A BUT TO EXPARENTED TO HEALTH AND TO PRICELY, CREMATH	NO	PART 2 DTHER SIGNIFICANT CONDITIONS O	DNTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART	1(0).		
	A SEPANDO	CERTIFICATION	19L DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION V	VAS PERFORMED?		20 AUTOPSY?	
	NI ORONIA	TE.						YES 🗆	NO 🗴
	SION OF RIFFCATE VG THE W SHOULD PARTINE RIPETO		214 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		Y YEAR		(ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
	DIVISION NAMED OF THE CERT WARDED PAGE 3 SPAGE	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)		CATION STREET	CITY OR TOWN	COUNTY	STATE
	TORES AND.	18		of the remains described obove, all causes XX, Accident	held an Autop	lnspection	Undetermined manner .	nd in my opinion	
	KAAM KITH WITH ARYL		A death resolled from: Natura	Accident	, Suicide L.	TITLE (SPECIFY)	Onderermined manner	11 15	0.4
	AL DECEMBER OF MAN WELL		SIGNATURE WOULD	and the 12	VIII_ "	Assistant	MEDICAL EXAMINER	DATE SIGNED 11-15-	84
	MEDICAL EXAMINER: CUTE THE CERTIFICATI GE 4 SHOULD BE FOR FUNERAL DIRECTOR. THER DEATH WITH THE STANDARD MARYLAND.	1	EXAMINER'S NAME ME	rgarita A. Kore	11,M.D.	ADDRESS	enn Street		
	544 544 —	23a B	JRIAL, CREMATION, REMOVAL 2	DATE 23c. NAM	E OF CEMETERY C		23d. LOCATION	COUNTY	ATE
07 25	/84 BP	TR	JNERAL DIRECTOR	1-17-84 B	rewer	Cem.	ANNAPOL	s Md.	
23	DHMH - 17 (VR A15 ME (5))	1	NIAME - A	ADDRESS IMO	/	ST NOV	C'D. BY REGISTRAR 255 REG	ISTRAR'S SIGNATURE	4
	(AK WID WE (2))	VA	S.A. MORTON,	JONS 1/U	LAUREN!	S D I HUY	1 9 204	S ASSESSMENT .	

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STATE OF MARYLAND

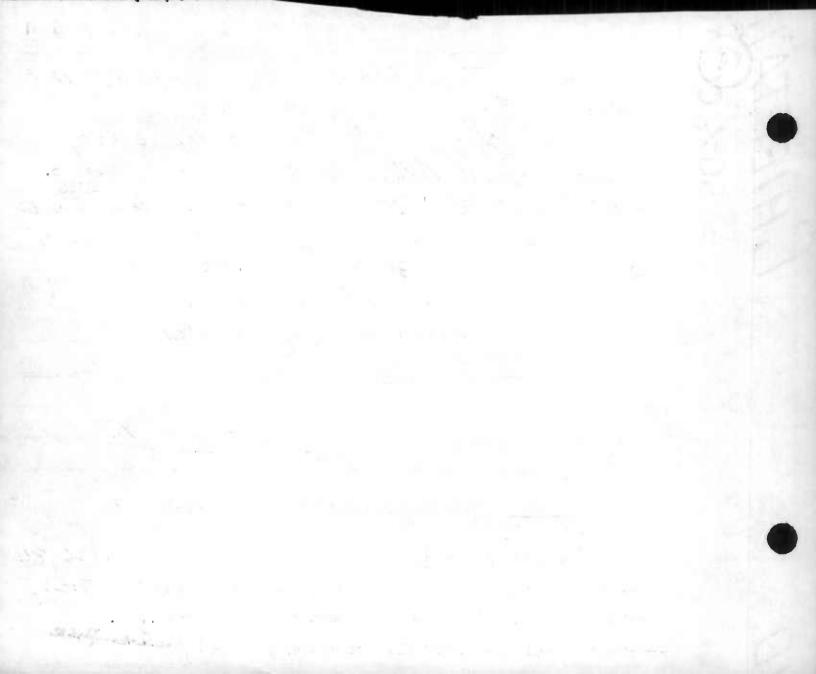


STATE OF MAKTLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE	OF	MARYLAND	
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	FOR 1 - STATE REGISTRAR					MENTAL HY	GIENE &	REG. NO.	2	9 7	5 5
	1. DECEASED NAME FIRST (TYPE OR PRINT) WALTER		NZO	DOL			2a. DAT	E OF DEATH MONT			515 PM
	3 SEX Male	4 RACE	ck	DATE OF	BIRTH 18 <sup>DAY</sup>	1913	6. AGE 70	( IN YEARS LAST BIRTHDAY)	-		F UNDER 24 HRS HOURS MIN.
2	Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF W		MARRIED ☐ NEVER MARRIED ☐			9. Baltimore City OR COUNTY OF DEATH Baltimore City				
0	10 CITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUCH	F HOSPITAL, NURSING HOME OR OTHER INSTITUTION UCHFACILITY, GIVE STREET ADDRESS!  Agnes Hospital				TYPE OF	120 USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING LIFE    Receiver			
0	USUAL RESIDENCE (IF NURSING HOME CI 13a. STATE 13b. COU Maryland		IN RESIDENCE BEFORE AD 13c CITY OR TOWN Baltimor	11	3d. INSIDE	CITY LIMITS?		EET ADDRESS / ZIP	CODE		
0	14 FATHER'S NAME FIRST  John	WIDDIE	Dow			R'S MAIDENN FIRST Lara	AME	MIDDLE		Nash	
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)	IVE WAR OR DATES)	213-03-47		Miss	Sandza	Dow	1643°NESS A			
	18 CALISE OF DEATH JESTS	alu ann sauca ans l	so for in the god.	61.1						APPROXIM	ATE INTERVAL

18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED I IMMEDIATE	one couse per line for (0), (b), and (c) : BY: CAUSE (0) AND CAMERINE COMPLE	esting left mais	Bronchy Between ONSET AND DEA	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF atclectasis-	1	Teuria	
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OF COND	DITION GIVEN IN PART 1101	
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200 AUTOPSY?  200 IF YES, WERE FINDINGS L  1N CERTIFYING CAUSES OF D  YES \[ \] NO \[ \]		
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY DAY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a that (I) (we) last

and all a control to the fact that	1.1. 1 1.4	41 - 1 -	10 84	. 11 10	10	VU
I certify that (I) (this hospital) attended	ine deceased from	11 - 1 -	, 19	, 10	, 19	thot (I)
saw the deceased alive on abave, (1) (we) (did) (did not) view the ba	ody ofter death.	, and that in (m	y) (our) opinion dec	oth occurred on the d	ate and hour and	from the couses s
SIGNATURE	Λ.	DEGREE				22c. DATE SIGNED
(V 20.	Aliebert.		ATTENDING	MEDICAL STA		11-11

1 y or O T T WANTED		
QUI DIEN HUYNK	ST AGNES HOSP. 900 CATON-BAL	10-MD 212:

(SPECIFY) Burial	11/15/1984
24NUMERAL PIRECTOSONS	2501 Gwynns

230 BURIAL, CREMATION, REMOVAL 236. DATE

23c NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

CITY OR TOWN Baltimore, Maryland

rom the couses stated

1 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

BY REGISTRARYSH REGISTRAP'S SIGNATUR

23d. LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR. the hospitol

HOSPITAL

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IMPORTANT:

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MEDICAL

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rector, ors afte	3. SE:	Female	4. RACE White		S. DATE C	29 1896	6. AGE (IN YEARS LAST BIRTHDAY) 88 YR	MONTHS DAYS	HOURS MIN.
death. Po		RTHPLACE (STATE OR FOREIGN	Ţ	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY <u>OR</u> COUN Baltimore	City	MD.
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LAND 212 nin 24 hav iy filled in shauld be		AL RESIDENCE (IF NURSING HOME OF THE COLUMN TO THE COLUMN THE COLU	OTHER INSTITUTION NTY LMORE	13c. CITY OR TOW	ADMISSION)	138 INSIDE CITY LIMITS? YES NO 3	8154 Loch Rave	n Blvd. 2	1204
MARYL.	A FA	THER'S NAME FIRS George	MIDDLE	Wilson		15. MOTHER'S MAIDEN NA.	widdle.	Bea	tty
BALTIMORE, MARYLAND 2120 sate be executed within 24 hours ysician and campletely filled in by apers. Pages 1 and 2 should be fill wal. it, the medical examiner amust be m	160 V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	213 <del>4</del> 38-		Virginia Dr	essel 8154 Loch		vd. 21204
RDS, 201 W. PRESTON ST equires that the death certi n signed by the attending p Then please remove carbon to burial, cremotian, or ren injury, or ather traumatic ev	NOI	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	r as a conseque	NCE OF		FARCTION WIND DISEASE OR CONDITION OF	GIVEN IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physician. Iffer this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b the ond Mental Hygiene prior to b anked or them 18 spews any injury	CERTIFICATION	196. DATE OF OPERATION	300		OPERATIO	N WAS PERFORMED	YES NO	YES, WERE FINDING TIFYING CAUSES O YES [	SS USED OF DEATH?
ON OF VIT HYSICIAN: I ding physicis certificate burtol-trans Mental Hyg	MEDICAL CE	2) a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	R) #	M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)	
DIVISION DING PHY or attendi After this te os the bu alth and M marked or	MED	21d. INJURY OCCURRED  WHILE AT WORK AT WORK	218. PLACE (AT HOME ST	OF INJURY REET SECTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDIO e hospital ar DIRECTOR: A withed far use Diept. at Heal		220. I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	1110	8) 198		nd that in (my) (aur) apinion	death accurred an the date and h		ot (I) (we) last
A Part of the state of the stat		226. SIGNATURE	Shil	· ~ ~			MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	8184
O HOSPITAL O HOSPITAL TO FLUKE AL should be det with the bed det with the MAPORTANTE		ANTAIL					T'MORE, MO	21218	al
BP		BURIAL, CREMATION, REMOVAL SPECEY) Burial	236 DATE 11-12		rrain	emetery or crematory ne Pk. Cemetes	•	re, °°Năryla	
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME ASSAUN FUNER!	- Hame	J.Ho BAI	1 13	Mb 21270	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATU	RE

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ADDRESS

Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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2b HOUR

IF UNDER 24 HRS

21206

84

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

IF UNDER I YEAR

INDUSTRY

Harvey

YES

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

COUNTY

relia Davidson-Randell

22c DATE SIGNED

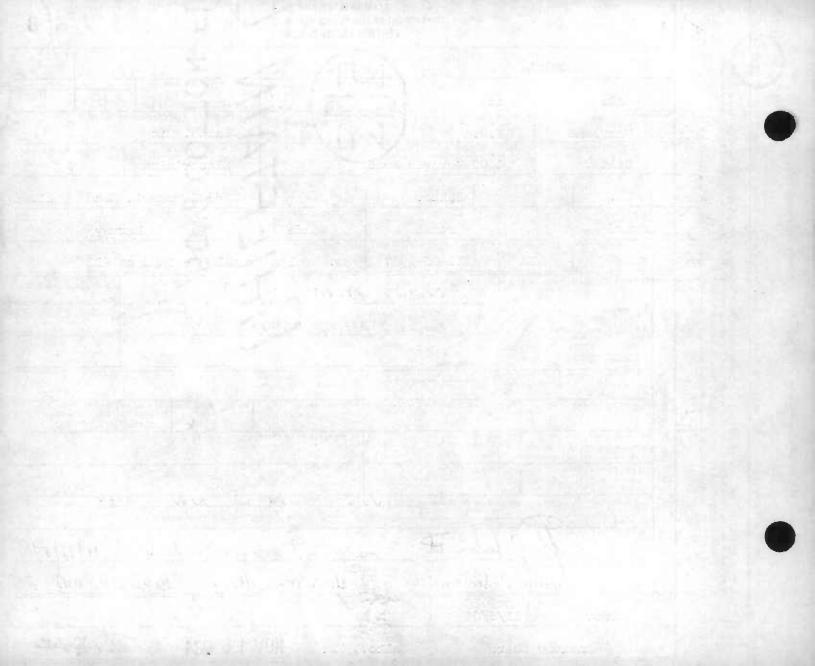
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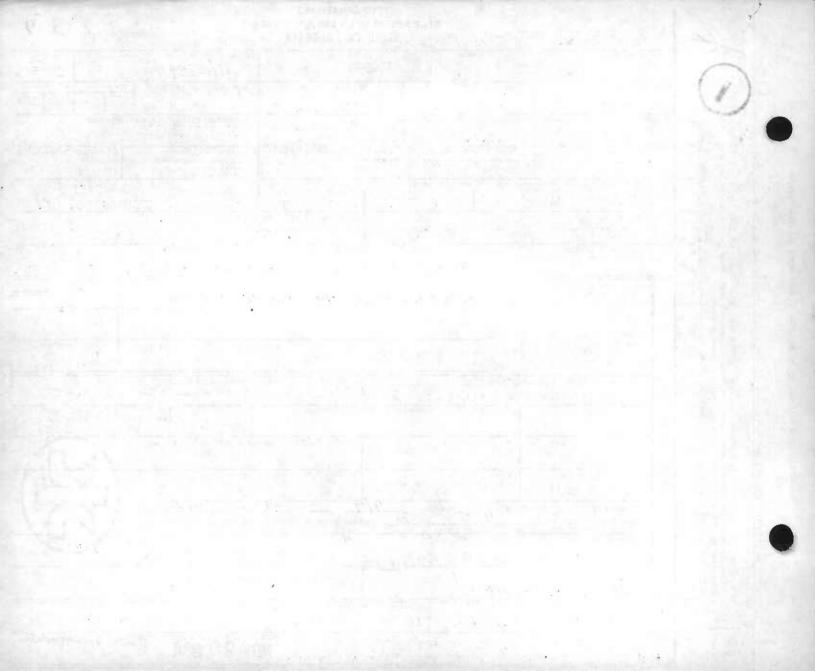
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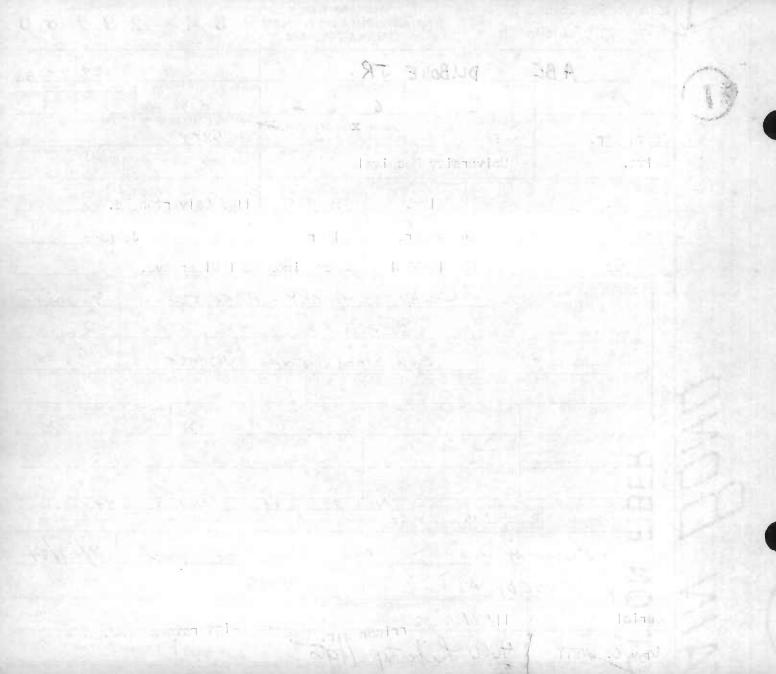
REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board





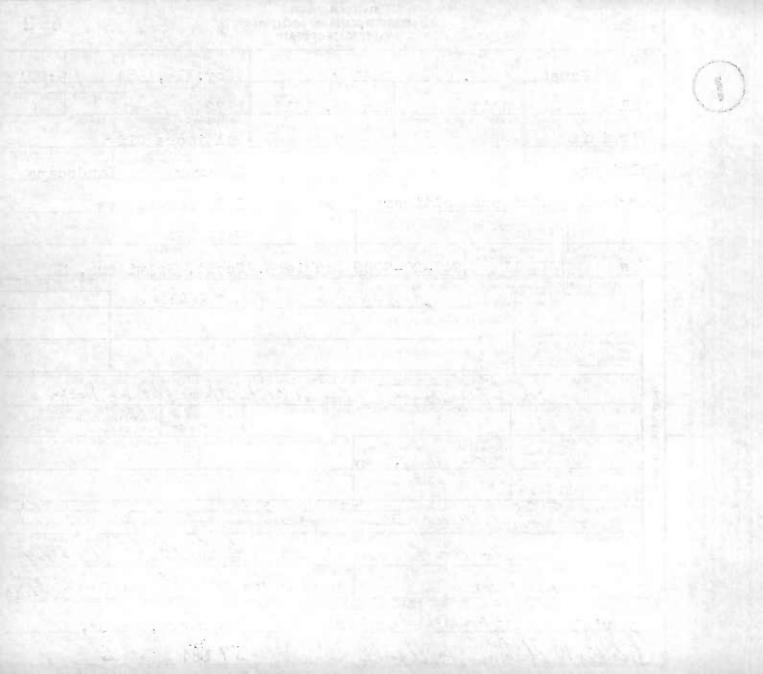


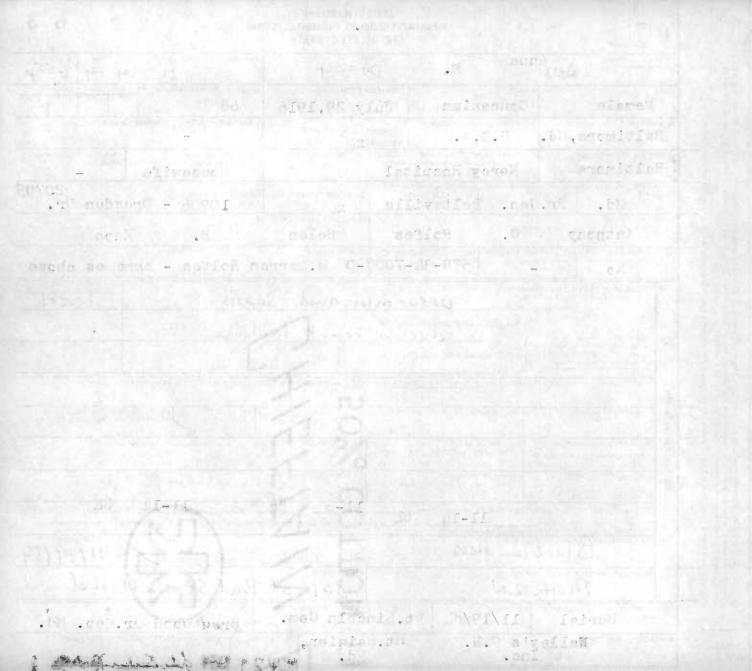
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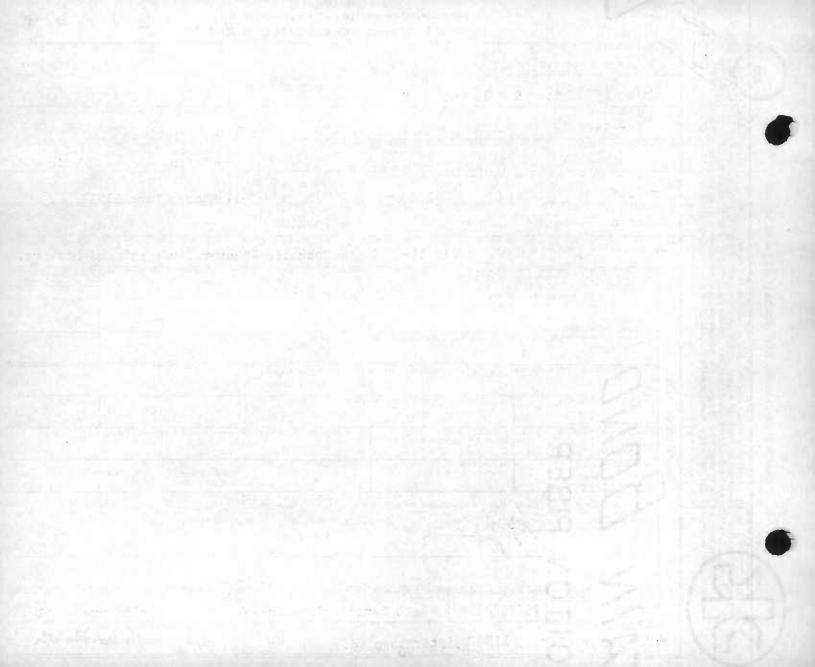
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•	death. Page 4 may be	uneral Briector, page VIII/72 hours ofter deat	25		FEMALE RTHPLACE ISTATE OR I COUNTRY) M D.	
LTIMORE, MARYLAND 21201	be executed within 24 hours after death. Page	and comparely tilled in by the f ages I and offered be filed with	Special property of the control of t	FA FA	ALTIMORIZ  ALRESIDENCE (IF NURS STATE  ALRESIDENCE (IF NURS STATE  ALLER'S NAME  FIRST  OALO  VAS DECEASED EVER  KES, NO OR UNKNOWN)	PR INCE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed by the hospital or attending physician.	ERAL DIRECTOR. After this certificate has been signed by the attending physician e detached for use as the buriol-transit permit. Then please remove carban papers. If State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.	NT: If Item 21 is marked or Item 8 s may rain injury, or other troumatic event, the	MEDICAL CERTIFICATION	COUSE 101, stating underlying couse  PART 2 OTHER SIGN  EXTRIMA  190 DATE OF OPERA  210. ACCIDENT WAS UNE	AS CAUSED BY IMMEDIATE COMMEDIATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	REG. NO.	2	9	7	6	
	A DATE O	DEATH	20.4744	. a. M	WEAD	1 44 44 44	

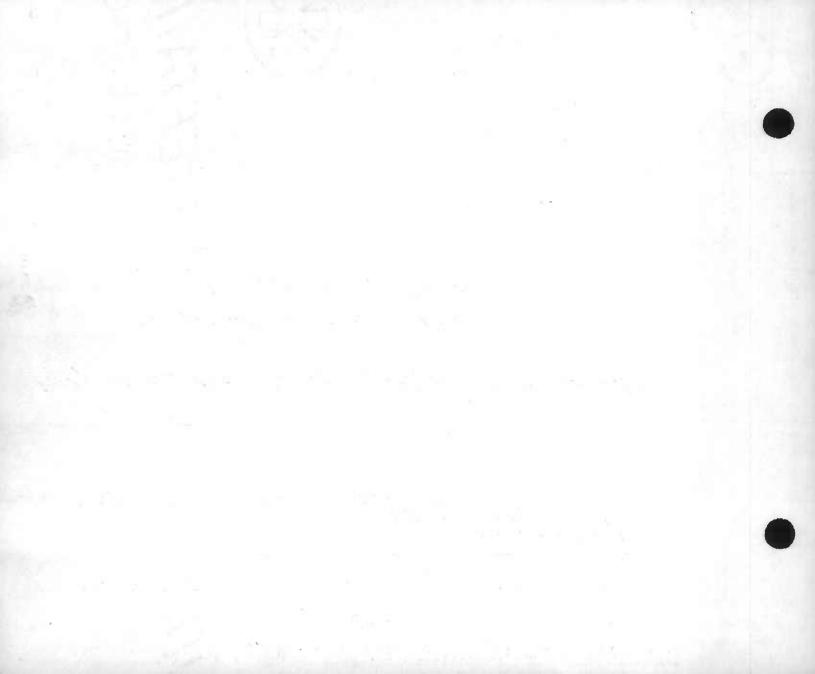
		REGISTRAN				REG. NO	O.		
		CEASED NAME FIRST	MIDD	NE .	LAST	20. DATE OF DEATH	MONTH DAY Y	EAR 26. HOUR	
	(1117	CHRIST	I LE	1 DUNNIA	(GTen)		1-11-8	4 11:551	PM
	3. SE)		RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT			
		FEMALE	WHITE	Z JUL	4 23 - 84		YRS. 3	18 HOURS A	AIN.
7		RTHPLACE   STATE OR FOREIGN	L CITIZEN OF WH	AT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн	
2	Ĺ	MD.	U.S.K	WIDOW		BALTIMOR	E CITY.		MD.
7	- 40	TY OR TOWN OF DEATH ALTIMORIZ		SPITAL, NURSING HOME CHITY, GIVE STREET ADDRESS) A CNRS HO	OR OTHER INSTITUTION	12ª USUAL OCCUPATE		STRY N/	
3	Illa S	AL RESIDENCE (IF NURSHIJG HOME OR OF TATE 134 COUNTY)	TY 13c	ERESIDENCE BEFORE ADMISSION) CITY OR TOWN LAUREL	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS A. PA	ZIP CODE	VUE 20	707
1	H FA	THER'S NAME	HDDLE	unnington	15. MOTHER'S MAIDEN NA FIRST RHONDA	ME L Y NN	WA	LAST	
2		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 WAR OR DATES)	SOCIAL SECURITY NO.	DAVID DUNNIN	ADDRE SAN	1 /3/	TOI, MD.	HON
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	BY: CAUSE (0)	COR PULM S A CONSEQUENCE OF	NOIVALE Y AND HEART	FANUNI	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEA	TH
	NO	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	(c) B	S A CONSEQUENCE OF RONCHO - PULMO	WART DYSPINS	N	DITION GIVEN IN PA	RT Iro	_
Z	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES		
7		2 (d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF IN HOUR A.M. P.M.	RED (ENTER NATURE OF INJUR					
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF I	INJURY FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	HTY STATE	Е
		27a 1 certify that (1) this haspite saw the deceased alive an above, (1) (ve) (aid (did not	19 8 k	m the couses stated					
		Benson M. Si	lom	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNED	
		BENSON M. SI	L WERMAN	M.D.	900 CATON	AVENUE	- 212	29	
	23m. E	SURIAL, CREMATION, REMOVAL SPECIFY BURLAL	11/13/	84 Union	Cemetery or crematory	23d LOCATION Burtonsv	ille, ºMa	rvland"	E

74 FUNERAL DIRECTOR FLECK FUNERAL HOME INC. 7601 Sandy Spring Rd. Laurel, Mc

Md. 2070 NOV 1 3 1984 Final Serias Signature



8	1 -	FOR STATE REGISTRAR HEL	EN M.	DURHAI		TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B 4	2 9	166
)		CEASED NAME OR PRINT)	ELEN		M .	1	urham	20. DATE OF DEATH MON'	TH DAY YEAR	R 26 HOUR
rs ofte	3. SE	ema	8	ACE	cessar	S. DATE C	-	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DA	
35	In BIRTHPLACE (STATE OR FOREIGN 76.			CITIZEN OF	WHAT COUNTRY	/? 8. MARRIE	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY OF DEATH		
90 John Park		TY OR TOWN OF DEAT	н 11.		HOSPITAL, NURS		PROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	KING LIFE) INDUST	MD. ID OF BUSINESS OR IRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITU		R INSTITUTION	STITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  Baltimore  YES X NO			13, STREET ADDRESS / ZIP GODE 21009				
300	14. F.A	THER'S NAME FIRST Albert	MIDD	LE	Maddox		15. MOTHER'S MAIDEN NAI FIRST Ellen	WE WIDDLE	Heck	rotte
medicol		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WA		213-05		17. INFORMANT Walter Smi	215 Marrow th Baltimore,	Hill Ro	ad
s ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stating underlying cause  PART OTHER SIGNUM  19a DATE OF OPERATION	diote the lost.	pitions co	R AS A CONSEQ DISTRIBUTION FOR WHICH	DEATHBUT	OT RELATED TO THE SENTENCE OF	200 AUTOPSY? 20b	IF YES, WERE FIN	
or Item 18 show		21g. ACCEDENT WAS UNDER OR CONTRIBUTING [] CA OF EARLS NOTEY MIDICA	USE OF THATH	21h TIME O HOUR A.	M. MONTH	DAY YEAR	TIL HOW INJURY OCCUR	YES NO NO NEED (ENTER NATURE OF PLANET PLANET	YES []	NO []
morked or It	MEDICAL	PIL INJURY OCCURRE	D	Zie PLACE	A STATE OF THE PARTY OF THE PAR	VISWADIA PI	ZII LOCATION	CIT+ OR TOWN	COLATI	MATE
If Hem 21 is		1724.1 certify that (II I) sow the deceased above 1 (we) tide 1724. SICHARUS	olive on L	the body	aties affait 19		DEGREE ATTENDING	leath occurred on the date of	22c DA	the course stated  ATE SIGNED
IMPORTANT: IF		Rafel Ma		I.D.			3455 Wilken	s Avenue,Balt:	imore, Mo	d. 21229
	(	urial, cremation, ri specify) Burial		36. DATE 11/5/3			EMETERY OR CREMATORY Park Cemeter	y Baltimore	COUNTY	Md.
4/83		roymM. & Ru 30 Edmonds	ssell n Aven	C. Wi ue,Ca	tzke Mun tonsvill	eral H	omes P.A. NOV	REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGN	1 - 1 - 1 - 1 - 1



DHMH - 16 50M 4/83 (VRA 15, 4)

	1	FOR STATE		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE 8 4	2	9 /	6/
	I. DEC	REGISTRAR  CEASED NAME FIRST  OR PRINT)  LTLLIA		AIDDLE	U	CATE OF DEATH	REG. NO 20. DATE OF DEATH	MONTH DAY		26 HOUR
	3. SEX		4 RACE		DY.	F BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	I) 1 30 M
Ŋ	2 00	Female	Whit			rch 2,1886	9 BALTIMORE CITY OF	YRS.	NIHS DAYS	HOURS MIN.
15		RTHPLACE (STATE OR FOREIGN COUNTRY) Connecticut	USA	WHAT COUNTRY	WIDOWE		BALTIMORE	CITY		MD
4		BALTIMORE	"UNION	MEMORIL	AL HOS	R OTHER INSTITUTION PITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemak	WORKING LIFE	12b. KIND O INDUSTRY	OF BUSINESS OR
5	130. S	ALRESIDENCE (IF NURSING HOME OR STATE 13b COUN Maryland	OTHER INSTITUTION	13c. CITY OR TON Baltin	WN	13d. INSIDE CITY LIMITS? YES X NO 1	13e.STREET ADDRESS /		St.	21218
06		Frank Mallory	WIDDLE	LAST		Lilliar	Beebe MIDDLE		LAS	it
	{7	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN)   [IF YES, GIV NO	MED FORCES?	218-44	- 1851	John P. Pace	3900 N. C			21218
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	D BY:  TE CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  (c)	RAS A CONSEQUERAS A CONSEQUERA	THE OF LENCE OF				min 1 w	k
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	hronic	renal	failu	NOT RELATED TO THE TERM  **L**  N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, V	WERE FINDI	
9	MEDICAL CE	218. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE	P.A	M. MONTH I	DAY YEAR 19	211 LOCATION	CITY OR TO		COUNTY	STATE
		220. I certify that (I) (the haspital) attended the deceased from NOV 8, 19 AU, to NOV 16, 15 sow the deceased alive on NOV 15, 19 8U, and that in (my) (our) opinion death occurred on the date and hour or obove (I) (we) (dia) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF							22c. DATE	SIGNED
1		Margaret M	Vaugha Vaugha			PHYSICIAN [		IAN 💆	Tillip	5   84
		BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Cremation</b>	Nov. 1			enmount	23d LOCATION CITY OF TOWN Baltimon	re City	COUNTY Mar	state yland
		UNERAL DIRECTOR NAME  :ewart & Mowen (	Co. 108	W. North	n Ave.		V.2 1 1984	256 REGISTRA	R'S SIGNA	HRE 1.00

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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧣 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) EATON HELEN CLARK November 1,1984 11:02 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX March 6, 1898 Female White 86 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore 3812 Ednor Road Buyer Retail Sales USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 3812 Ednor Road 21218 Maryland Baltimore NOF 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME EIRST James Stevenson Clark 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO ORUNKNOWN) 216-07-3234A Mr. T.H.Eaton Jr. 3812 Ednor Road 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ( PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING I MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Walter B. Koppel 1900 E. Northern Parkway 231. NAME OF CEMETERY OR CREMATORY 234 LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial CITY OR TOWN Moreland MemorialPark ParkvilleBaltimoreMarvland 11 - 3 - 84250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 82 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home6500 York Road 21212

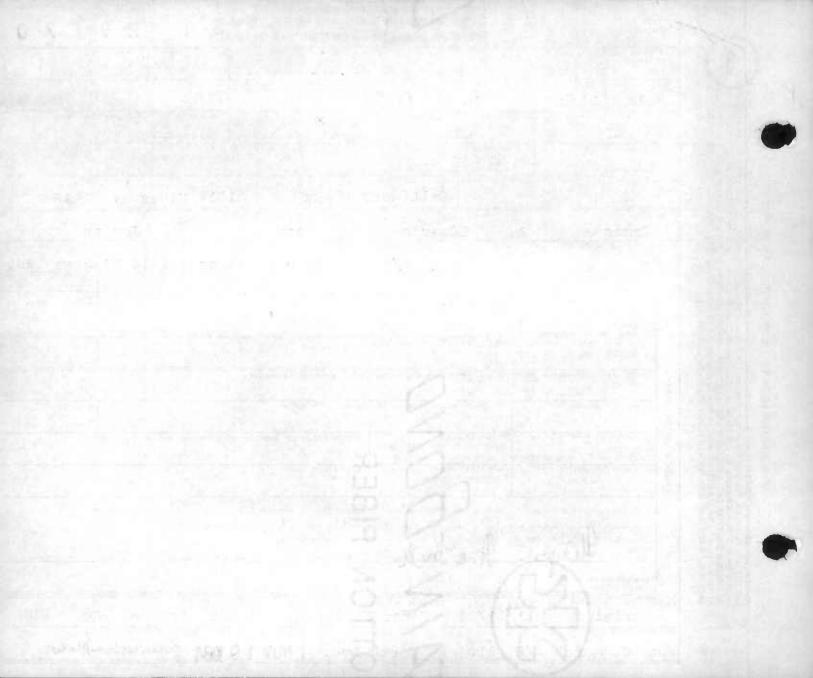
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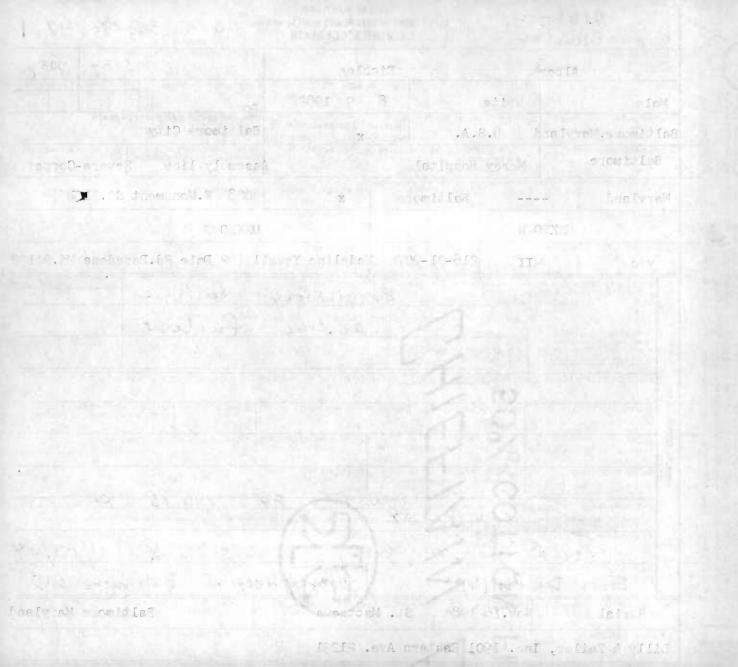


12 12 14 15 **经现代的** A PAL DELINATE MANAGEMENT the fact of the formation that the fact of 
- STATE REGISTRAR 20. DATE KNOWN M MONTH DAY DECEASED NAME ESTI-THE CEPENT Robert Edwards DEATH MATED 11/16/84 IF UNDER 24 HRS DATE PRONOUNCED Male 4 30 43 11/16/8410 Black 41 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City MD USA DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1514 Kingsway Rd. Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI USUAL MD 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 1514 Kingsway 21218 Baltimore 13h COUNTY 15 MOTHER'S MAIDEN NAME MIDDLE Jordan Edwards Lucy James A. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TAL SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Elvin K. Edwards 1514 Kingsway Rd. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Hypertensive Arteriosclerotic Cardiovascular Disease DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUF TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Obesity 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES 🗌 NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, TH. LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Hamicide Undetermined manner Natural causes TITLE (SPECIFY) 11/17/84 Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 11/21/84 Cedar Hill Cem. Anne Arundel BP 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH** - 17 Julia Davidron-Rando DO 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5))

20M 4/82



(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	FOR STATE REGISTRAR			HEALTH AND MENT. FICATE OF DEAT		REG. NO.	2 9 7	7 2
	1. DECEASED NAME FIRST (TYPE OR PRINT) RUTH	LEB .	E15	EN STEIN		OF DEATH MONTH	3 84	10.50 P.
	3. SEX FEMPLE	CAUCA:	MONT	OF BIRTH H DAY YE	AR	52 YRS.	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
9	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOW	NEVER MARRI	רים	BATTIMON		MD.
S	10. CITY OR FOWN OF DEATH		TAL, NURSING HOME ( TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF V	ALOCCUPATION WORK FOR MOST OF WORKING ACHER		CITY
5	USUAL RESIDENCE (# NURSING HOME OR 13a STATE 13b COUN	NTY 13c. CI	SIDEN E BEFORE ADMISSIONS ITY OR TOWN PATIMORE	13d. INSIDE CITY LIA	24	ET ADDRESS / ZIP COI		OOLS 21209
9	JACK ALE		SEGEL	15. MOTHER'S MAID	ET	WIDDLE		RG
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIN	E WAR OR DATES	0 26 8908	17 INFORMANT 2427 DI	-	ON EYSENSTE BALTO.,MD	21209	MATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A  (b) LANG  DUE TO, OR AS A  (c)	CONSEQUENCE OF	releuocarci	noma o	z colun		omm.
	Ulli	19b CONDITION I  WE TENTION I  11b TIME OF INJU HOUR A.M. M P.M.  21e PLACE OF INJ (AT HOME, STREET, FACE  11ctol) ottended the dece	FOR WHICH OPERATION  IN COLLEY  IN AONTH DAY YEAR  19  URY  IURY  IORY, OFFICE, FARM, ETC.)  osed from 054  death.	216. HOW INJURY:  217. HOW INJURY:  218. ADDRESS  220. ADDRESS	20a AYES [ DOCCURRED (ENTER  D	CITY OR TOWN  AL STAFF OR PHYSICIAN	ES, WERE FINDING IFYING CAUSES YES TO COUNTY TO TO THE PART OF T	NGS USED OF DEATH? NO  STATE  thot (1) (we) lost couses stated SIGNED
	230 BURIAL, CREMATION, RÉMOVAL	NOV 6 . 198		CEMETERY OR CREMA		CATION CITES TO THORE	COUNTMAR	YLANDATE

DHMH - 16 50M 4/B3

24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO. MD 21215 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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